EXAMINATION WAIVER FORM

Individuals who hold a license with an Ohio Board (with a scope to provide AOD services) that is comparable to the license they wish to obtain with the Chemical Dependency Board may request a waiver of the examination process by completing this form and submitting it with a formal application for licensure. A copy of the license must also be provided with application.

PLEASE TYPE OR PRINT LEGIBLY

Name: as it appears on license _____

License Type: _____

License #: _____ **Expiration Date:** _____

Licensing Board: _____

For which credential are you applying? _____ **LDCD II** _____ **LCDC III**

_____ **LICDC** _____ **CS Endorsement**

I verify that the above information is accurate and correct. I have attached a copy of my active license and am requesting a waiver of my examination for licensure.

_____ _____

Signature **Date**