



LICENSED CHEMICAL DEPENDENCY COUNSELOR III FORMAL APPLICATION

This application must be returned to the Chemical Dependency Professionals Board. It will not be considered complete until all related documents, transcripts, reference forms and fees have been received by the Board. Applicant and supervisor answers should be full and complete. Vague and/or incomplete applications will be returned, causing a delay in the application process. **Intentionally false and/or misleading statements may result in denial or revocation of licensure.**

Please type or print legibly.

Applicant Name (first, middle and last) _____

Maiden Name (if applicable) _____

Date of Birth _____ **SS #** _____ - _____ - _____

Current Home Address

Current Work Address

(Please provide street number, street name, city, state and zip.)

County _____

Preferred Mailing Address **Home** **Work**

Home Phone _____ / _____ - _____ **Work Phone** _____ / _____ - _____

Mobile Phone _____ / _____ - _____ **FAX #** _____ / _____ - _____

E-Mail Address _____

Would you like to receive correspondences regarding your renewal application via email? ___ **Yes** ___ **No**

I. PERSONAL HISTORY INFORMATION

Have you ever had a professional license/certificate reprimanded, suspended, revoked, surrendered or in any other way sanctioned? If yes, please attach a written explanation.

___ **Yes** ___ **No**

Have you ever been convicted of a felony? If yes, please complete the felony questionnaire.

___ **Yes** ___ **No**

Do you currently live or work at least 51% of the time in Ohio?

___ **Yes** ___ **No**

II. CHEMICAL DEPENDENCY COUNSELING WORK EXPERIENCE

Supervisor references are required as part of this application. The supervisor reference form must provide at least one year (2,000 hours) of knowledge of the applicant's chemical dependency counseling work experience. One year of full time work experience equals 2,000 hours. Your supervisor-signed job description(s) covering this time must be included with this application.

A practical experience verification form must be completed documenting a minimum of 220 practical experience hours in the 12 core functions. If there was more than one supervisor during these times, forms should be duplicated so that each may have an appropriate form to complete. Completed reference forms and practical experience verification forms must be returned with this application.

Please record your chemical dependency counseling work experience below. To meet the Chemical Dependency Professionals Board work experience requirements, a minimum 20 percent of employment must have been spent in the counseling portion of the 12 core functions as it relates to the alcohol and/or other drug-addicted client. Final determination of the acceptability of work experience shall be at the discretion of the Board. Duplicate this page as needed to account for the required minimum amount of work experience. Please list most recent experience first.

| |
|--|
| Employer: _____ |
| Name and Title of Supervisor: _____ |
| Length of Employment (month and year): From _____ To _____ |
| Job Title: _____ Number of hrs worked per week: _____ |
| Employer: _____ |
| Name and Title of Supervisor: _____ |
| Length of Employment (month and year): From _____ To _____ |
| Job Title: _____ Number of hrs worked per week: _____ |
| Employer: _____ |
| Name and Title of Supervisor: _____ |
| Length of Employment (month and year): From _____ To _____ |
| Job Title: _____ Number of hrs worked per week: _____ |

III. FORMAL ACADEMIC EDUCATION

Applicants must hold at least a bachelor's degree in a behavioral science or nursing. Enter all requested information for each institution you list. An official sealed transcript from each must be included with this application. Please list in order, starting with the most recently attended institution.

| |
|--|
| Institution: _____ Dates Attended: From _____ To _____ Total Hours Earned: _____ Major or Core of Study: _____ Degree Awarded: _____ Date Degree Awarded: _____ |
| Institution: _____ Dates Attended: From _____ To _____ Total Hours Earned: _____ Major or Core of Study: _____ Degree Awarded: _____ Date Degree Awarded: _____ |
| Institution: _____ Dates Attended: From _____ To _____ Total Hours Earned: _____ Major or Core of Study: _____ Degree Awarded: _____ Date Degree Awarded: _____ |
| Institution: _____ Dates Attended: From _____ To _____ Total Hours Earned: _____ Major or Core of Study: _____ Degree Awarded: _____ Date Degree Awarded: _____ |

IV. APPLICANT STATEMENT FOR NOTARIZATION

I hereby affirm that I am of good moral character and that all information given herein is true and complete to the best of my knowledge and belief. I authorize any necessary investigations and/or release of personal information to the Chemical Dependency Professionals Board and its agents. I understand that falsification of any portion of this application may result in my being denied certification/licensure or in revocation of the same.

I hereby affirm that I have read the Chemical Dependency Code of Ethics, and I agree to abide by this code. (The Chemical Dependency Code of Ethics may be accessed at www.ocdp.ohio.gov or may be sent to an applicant upon request.)

I further agree to hold the Chemical Dependency Professionals Board free from any civil liability for damages or complaints related to any action within the scope and/or arising out of the performance of its duties, which it or any of its employees may take in connection with this application and/or failure to issue me said license.

I understand that the \$50 fee submitted herewith represents the non-refundable LCDC III Formal Application fee. (A non-refundable \$20 fee will be charged for any check not accepted for deposit by the bank.)

Applicant Signature _____
Date

Subscribed and sworn before me this _____ day of _____, 20_____

Notary Signature _____
Date Commission Expires

If paying via check or money order: make payable to “**Treasurer, State of Ohio.**”

If paying via credit card: complete the CREDIT CARD AUTHORIZATION form.

Please return completed application, including required documentation and fee, to:
Ohio Chemical Dependency Professionals Board
77 South High Street, 16th Floor Columbus, Ohio 43215
614/387-1110 (phone) 614/387-1109 (fax) www.ocdp.ohio.gov
Email: credentialing@ocdp.state.oh.us

| | | |
|----------------------------|-----------|--------------------|
| FOR OFFICE USE ONLY | | |
| Date Received: | Fee Paid: | Check/M.O./C.C. #: |



Credit Card Payment Authorization Form

Please check one: Master Card Visa

Cardholder Name: _____

Address: _____

City, State, Zip: _____

Telephone #: _____

Email Address (for receipt) _____

Credit Card Number: _____

Expiration Date: _____

CVV2/CID Code # (Three digit number on back of card): _____

Payment Amount: _____

Payment for (exam, application, etc): _____

Signature

Date

Credit Card Payments may be mailed, faxed, emailed, or phoned in to the Board office.

Ohio Chemical Dependency Professionals Board
77 South High Street, 16th Floor Columbus, Ohio 43215
614/387-1110 (phone) 614/387-1109 (fax) www.ocdp.ohio.gov
Email: credentialing@ocdp.state.oh.us

This document will be shredded after your payment is processed.



Military Request Application Addendum

Individuals or spouses of individuals who are veterans or members of the armed forces may have their application expedited by completing this form and returning it with documentation of military service.

Name

SSN

1. Have you served in the U.S. military? Yes No

2. Has your spouse served in the U.S. military? Yes No

If your spouse has served, please provide their first and last name:

4. In which branch of the military did you/your spouse serve? _____

5. Please provide the military service dates:

Military Service From: _____ Military Service To: _____

6. Are you still active in the military or reserves? Yes No

7. Were you discharged under honorable conditions? Yes No

Attach this Addendum to the front of your application and include a copy of your/your spouse's DD214 form or proof of current service.

Please contact your County Veterans Services Office (1-877-OHIO-VET) or the Ohio Department of Veterans Services (www.ohiovet.gov) if you need assistance in obtaining a copy of the DD214 form.



LICENSED CHEMICAL DEPENDENCY COUNSELOR III FORMAL APPLICATION CHECKLIST

To facilitate the review of your LCDC III formal application and to avoid unnecessary delays in processing, please use the following checklist when completing the application. All items on this checklist must be included for your formal application to be complete and acceptable to the Board. Incomplete or inappropriately completed applications will be returned and will result in a delay of processing.

Check each item when completed:

- _____ Application is complete, signed and notarized
- _____ \$50.00 application fee enclosed. All fees must be made payable to Treasurer, State of Ohio.
- _____ Felony question has been answered. If you have been previously convicted of a felony, you will need to complete a felony questionnaire and submit it with your formal application along with documentation of completion of probation, parole or incarceration.
- _____ Supervisor Reference Form enclosed.
- _____ A job description, signed by your supervisor, has been enclosed with this application.
- _____ Practical Experience Verification Form completed documenting 220 practical experience hours in the 12 core functions.
- _____ Completion of Education Grid documenting 180 hours of education and verification of education hours in the form of transcripts, certificates and/or letters of completion have been submitted with this application.
- _____ Submission of official, sealed transcripts verifying completion of at least a Bachelor's degree in a behavioral science or nursing.
- _____ Submission of Examination Waiver Form (if applicable).

All forms are available at www.ocdp.ohio.gov or by calling (614) 387-1110.



CHEMICAL DEPENDENCY SPECIFIC EDUCATION GRID

Please list, in chronological order, the 180 hours of education/training received in the required chemical dependency specific content areas. The minimum number of hours in each area is identified. Fifty percent (50%) of this training must have been completed within the five (5) year period immediately prior to filing the formal application. Arrange the attached attendance verification in the same order as listed unless the verification is a college transcript.

All education hours must be verified and included with the application. Acceptable forms of verification include: official transcripts, copies of certificates of attendance, form letters or lists of workshops signed by agency official or supervisor.

Indicate the number of hours in each content area for which the education/training applies. The content areas are as follows:

- | | |
|---|---|
| 1 - Theories of addiction (24 hours) | 6 - Pharmacology (18 hours) |
| 2 - Counseling procedures & strategies with addicted populations (30 hours) | 7 - Prevention strategies (12 hours) |
| 3 - Group process & techniques working with addicted populations (18 hours) | 8 - Treatment planning (18 hours) |
| 4 - Assessment & diagnosis of addiction (24 hours) | 9 - Legal & ethical issues pertaining to chemical dependency (12 hours) |
| 5 - Relationship counselling with addicted populations (24 hours) | |

| Date of training | Title of training | Total clock hours | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|------------------------------|-------------------|-------------------|---|---|---|---|---|---|---|---|---|
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| TOTAL HOURS THIS PAGE | | | | | | | | | | | |

One semester hour = 15 clock hours One quarter hour = 10 clock hours

DUPLICATE THIS PAGE AS NEEDED AND INCLUDE WITH THE FORMAL APPLICATION



Definitions of the 180 Hours of Chemical Dependency Specific Education

The minimum number of education hours required in each of these areas is specified in the parentheses.

Theories of Addiction - (24 hours)

- Models and theories used to describe addiction, contemporary and historical
- Effects of addiction on individuals including the biological, psychological (cognitive and affective), social and spiritual dimensions of life and functioning; the interaction of the social and cultural contexts with addictive processes
- Differentiation of addiction from other medical and psychological conditions

Counseling Procedures and Strategies with Addicted Populations - (30 hours)

- Theories of counseling and psychotherapy employed in the treatment of psychoactive substance abuse and addiction
- Techniques utilized in the treatment of psychoactive substance abuse and dependence
- Models of treatment utilized in the treatment of psychoactive substance abuse and addiction, contemporary and historical
- Interaction of theories of personality with theories of counseling and psychotherapy; professional issues including counter-transference, boundary setting and characteristics and dynamics which decrease the effectiveness of therapists
- Relapse prevention
- Dual diagnosis

Group Process and Techniques Working with Addicted Populations - (18 hours)

- Models of group therapy
- Dynamics of therapy groups
- Components of group process and analysis; dynamics of facilitation
- Effects of addictive processes on group therapy
- Effects of individual diversity of group process

Assessment and Diagnosis of Addiction - (24 hours)

- Assessment procedures
- Diagnostic interviewing
- Use and interpretation of testing instruments for psychoactive substance abuse and dependence
- Criteria for determining diagnosis; criteria for determining appropriate modality and level of treatment
- Use of collateral data in the assessment process, including professional and nonprofessional material
- Dual diagnosis

Relationship Counseling with Addicted Populations - (24 hours)

- Models and techniques of assessing relationship dysfunction
- Use and interpretation of instruments used in the assessment of relations
- Theories of counseling and psychotherapy employed in the treatment of dysfunctional relationships
- Techniques and strategies utilized in the treatment of dysfunctional relationships
- Effects of addictive processes on relationship systems
- Effects of addictive processes on human growth and development
- Differential assessment of dysfunction resulting from codependency and other medical and psychological conditions

Pharmacology - (18 hours)

- Pharmacology of both drugs of abuse and those used in detoxification and the treatment of addiction and mental and emotional disorders including the action of pharmaceuticals and the physiological response, the interaction of pharmaceuticals, tolerance, the appropriate use of psychotropics with addicted persons and the effects of drugs on sensation and perception, learning and memory, human growth and development, sexual functioning and behavior

Prevention Strategies - (12 hours)

- Models of prevention of psychoactive substance use, abuse and dependence, contemporary and historical
- Methods and components utilized in the interpretation of a needs assessment
- Function of evaluation instruments; social and cultural influences on the use of psychoactive substances
- Risk factors associated with the use, abuse and dependence on psychoactive substances
- Prevention and intervention strategies used with various groups identified by age, gender, ethnicity, sexual orientation, ability; employee assistance programming, student assistance programming
- Wellness

Treatment Planning - (18 hours)

- Models of treatment planning; adapting treatment strategies to individual needs and characteristics including persons with other medical and psychological conditions
- Criteria for admission, continuing care and discharge appropriate to diverse levels of treatment
- Methods of documenting the course of treatment
- Relapse prevention

Legal and Ethical Issues Pertaining to Chemical Dependency - (12 hours)

- Principles supporting and informing the ethical codes pertaining to addictions counselors
- Specific knowledge of appropriate ethical codes and laws associated with addictions counseling
- Obligations and procedures which encourage the ethical conduct of counselors

**CHEMICAL DEPENDENCY COUNSELORS
SUPERVISOR REFERENCE FORM**

INSTRUCTIONS TO SUPERVISOR:

- Review Part A of this form.
- Complete Part B ONLY if the waiver of liability has been signed by the applicant.
- After completing this form, please return to the applicant.

PART B: TO BE COMPLETED BY SUPERVISOR

1. Name: _____ Title: _____

2. Professional credentials and/or licenses you hold: _____

3. Name of Applicant supervised: _____

4. Dates you have supervised this applicant: From _____ to _____
mo/yr mo/yr

Total hours of applicant work at this setting: _____

Average number of hours per week worked at this setting: _____

Percentage of time at this setting that was spent in chemical dependency counseling functions: _____ %

5. Are you aware of any unethical professional behavior by this applicant?

_____ Yes, please attach an explanation.

_____ No

6. Do you recommend the applicant for certification?

_____ Yes, without reservation

_____ No. (comments/explanation) _____

I verify the above named individual has completed chemical dependency counseling work experience under my supervision.

Supervisor's Signature

Date



CHEMICAL DEPENDENCY COUNSELORS PRACTICAL EXPERIENCE VERIFICATION FORM

Applicant Name: _____

This form is provided to document the 220 hours of practical experience completed during an applicant's chemical dependency counseling work experience. This form must be completed and returned with the Formal Application.

This is actual experience in each core function. If an applicant cannot obtain any of the required practical experience at his/her employment, arrangements may need to be made in order to accomplish this requirement (i.e., the applicant does not perform screening, therefore must make arrangements to perform this function for a minimum of 10 hours).

The applicant must complete the minimum hours (indicated below) in each core function.

| CORE FUNCTION | MINIMUM HOURS REQUIRED | HOURS COMPLETED |
|------------------------------------|---------------------------|-----------------|
| Screening | 10 hours | |
| Intake | 10 hours | |
| Orientation | 10 hours | |
| Assessment | 10 hours | |
| Treatment Planning | 25 hours | |
| Counseling: Individual | 30 hours | |
| Group | 30 hours | |
| Family | 20 hours | |
| Case Management | 15 hours | |
| Crisis Intervention | 10 hours | |
| Client Education | 10 hours | |
| Referral | 10 hours | |
| Consultation | 10 hours | |
| Reports & Recordkeeping | 20 hours | |

TOTAL HOURS COMPLETED (must be at least 220 hours) _____

These hours were completed: From _____ to _____
mo/yr mo/yr

Employer Name: _____

Supervisor Name: _____

Supervisor Phone Number: _____

The supervisor signature verifies that the above named individual has completed the 220 hours of practical experience.

Supervisor Signature: _____ Date _____



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 the 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? LCDC II LCDC III LICDC LICDC - CS

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



RECIPROCAL CERTIFICATE FORM

The license for which you are applying has the potential to qualify for reciprocity within ICRC jurisdictions. Reciprocity allows individuals to transfer a license to other ICRC jurisdictions. In order to qualify, applicants must demonstrate that they have met ICRC education, work and testing requirements. Applicants may elect to demonstrate their requirements at the time of formal application or may apply anytime after obtaining licensure.

If you wish to apply for a reciprocal certificate at the time of formal application for licensure, submit this form and all requested items with your application.

Name (first, middle and last) _____ SS # _____ - _____

To obtain ADC Reciprocity:

- _____ Apply for or hold an LCDC II, LCDC III or LICDC.
- _____ Submit a Supervisor Reference Form documenting 4,000 hours of chemical dependency counseling work experience. These 4,000 hours are in addition to the 2,000 hours required for licensure. An Associate's degree in a behavioral science may substitute for 1,000 hours; or a Bachelor's degree in a behavioral science may substitute for 2,000 hours; or a Master's degree in a behavioral science may substitute for 4,000 hours.
- _____ Submit a Practical Experience Verification Form documenting 80 hours of practical experience. These 80 hours are in addition to the 220 hours required for licensure and may be divided among any of the 12 core areas.
- _____ Submit a Chemical Dependency Education Grid documenting 90 hours of education. These 90 hours are in addition to the 180 hours required for licensure and may be divided among any of the content areas.
- _____ Pass the ADC Exam.

To obtain CCS Reciprocity:

- _____ Apply for or hold LICDC – CS.
- _____ Submit a Clinical Supervision: Supervisor Reference Form documenting 2,000 hours of work experience as a clinical supervisor of chemical dependency counseling services. This is in addition to the 2,000 hours required for licensure.
- _____ Submit a Clinical Supervision Education Grid documenting 30 hours of education specific to clinical supervision.
- _____ Pass the ADC and CCS exam.