



LICENSED INDEPENDENT CHEMICAL DEPENDENCY COUNSELOR - CLINICAL SUPERVISOR 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 three years (6,000 hours) of knowledge of the applicant's chemical dependency counseling work experience of which one year (2,000 hours) must be experience as a clinical supervisor of chemical dependency counseling services. 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 verification of tasks 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 master'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.

<p>Institution: _____</p> <p>Dates Attended: From _____ To _____ Total Hours Earned: _____</p> <p>Major or Core of Study: _____</p> <p>Degree Awarded: _____ Date Degree Awarded: _____</p>
<p>Institution: _____</p> <p>Dates Attended: From _____ To _____ Total Hours Earned: _____</p> <p>Major or Core of Study: _____</p> <p>Degree Awarded: _____ Date Degree Awarded: _____</p>
<p>Institution: _____</p> <p>Dates Attended: From _____ To _____ Total Hours Earned: _____</p> <p>Major or Core of Study: _____</p> <p>Degree Awarded: _____ Date Degree Awarded: _____</p>
<p>Institution: _____</p> <p>Dates Attended: From _____ To _____ Total Hours Earned: _____</p> <p>Major or Core of Study: _____</p> <p>Degree Awarded: _____ Date Degree Awarded: _____</p>



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 INDEPENDENT CHEMICAL DEPENDENCY COUNSELOR – CLINICAL SUPERVISOR FORMAL APPLICATION CHECKLIST

To facilitate the review of your LICDC - CS 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.
- _____ Counselors Reference Form enclosed.
- _____ Clinical Supervisors Reference Form enclosed.
- _____ A job description, signed by your supervisor, has been enclosed with this application.
- _____ Verification of Tasks Form completed documenting 220 practical experience hours in the 12 core functions.
- _____ Completion of Education Grid 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 a Master's degree in a behavioral science and completion of the Master's Degree Grid.

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
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 _____

Chemical Dependency Professionals Board – Master’s Degree Training Grid – Page 1 of 4

Courses may cover more than one content area by splitting up total hours among the areas. One semester hour equals 15 clock hours. One quarter hour equals 10 clock hours

CONTENT AREA	COURSE #	TITLE OF COURSE	BRIEF DESCRIPTION	CLASS HRS COVERING THIS AREA
Theories of Counseling & Psychotherapy 80 clock hours required	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
Counseling Procedures 40 clock hours required	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
Group Process & Techniques 40 clock hours required	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.

Chemical Dependency Professionals Board – Master’s Degree Training Grid – Page 2 of 4

Courses may cover more than one content area by splitting up total hours among the areas. One semester hour equals 15 clock hours. One quarter hour equals 10 clock hours

CONTENT AREA	COURSE #	TITLE OF COURSE	BRIEF DESCRIPTION	CLASS HRS COVERING THIS AREA
Relationship Therapy 40 clock hours required	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
Research Methods/Statistics 40 clock hours required	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
Fundamentals of Assessment & Diagnosis, including Measurement & Appraisal 80 clock hours required	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.

Chemical Dependency Professionals Board – Master’s Degree Training Grid – Page 3 of 4

Courses may cover more than one content area by splitting up total hours among the areas. One semester hour equals 15 clock hours. One quarter hour equals 10 clock hours

CONTENT AREA	COURSE #	TITLE OF COURSE	BRIEF DESCRIPTION	CLASS HRS COVERING THIS AREA
Psychopathology 40 clock hours required	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
Human Development 40 clock hours required	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
Cultural Competence in Counseling 40 clock hours required	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.

Chemical Dependency Professionals Board – Master’s Degree Training Grid – Page 4 of 4

Courses may cover more than one content area by splitting up total hours among the areas. One semester hour equals 15 clock hours. One quarter hour equals 10 clock hours

CONTENT AREA	COURSE #	TITLE OF COURSE	BRIEF DESCRIPTION	CLASS HRS COVERING THIS AREA
Ethics 30 clock hours required	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
Supervised Professional Experience (Practicum, Internship, etc) 400 contact hours required	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.



Masters Degree Content Areas

Theories of Counseling and Psychotherapy

This category may include courses which examine the theoretical foundations of counseling and psychotherapy which may include introductory or advanced survey courses as well as work in specific theoretical orientations such as Reality Therapy, Cognitive Therapy, Brief Psychotherapy, etc.

Counseling Procedures

This category may include courses which review specific techniques and skills used in counseling and psychotherapy and offer students opportunities to practice these skills through role play, exercises and/or work with live clients.

Group Process and Techniques

This category may include courses which utilize didactic and experiential methods to review the dynamics of therapy and/or task groups and the techniques which are utilized in facilitating such groups.

Relationship Therapy

This category may include courses which review the dynamics of intimate relationships which are typically found in couple and family systems and the techniques which are used in counseling and psychotherapy within these systems. Introductory courses providing an overview of this area as well as courses focused on specific theoretical and/or technical perspectives are appropriate.

Research Methods/Statistics

This category may include courses which review the basic components of research in the behavioral sciences including types of research, data collection, research design, basic elements and procedures used in statistical analysis, interpretive methods and qualitative analysis.

Fundamentals of Assessment and Diagnosis, including Measurement and Appraisal

This category may include courses which utilize didactic and experiential methods to review assessment and diagnostic procedures including interviewing, conducting a mental status examination and obtaining relevant data from collaborative sources and the procedures necessary for the appropriate utilization of individual and group instruments of measurement which may include neuropsychological tests, instruments evaluating intelligence and/or cognitive

functioning, projective testing, instruments assessing personality and specialized instruments evaluating particular disorders.

Psychopathology

This category may include courses which survey human psychopathology including the etiology and prognosis of mental, behavioral and emotional disorders. Such courses may review abnormal psychology, consider the historical development of the conceptualization of psychiatric disorders and/or focus on specific disorders or categories of disorder.

Human Development

This category may include courses which survey the process of human growth and development which may include reviews of the major theoretical perspectives on growth and development, life stage development, variables which affect development and processes which enhance or inhibit development.

Cultural Competence in Counseling

This category may include courses which offer opportunities for students to acquire knowledge, engage and explore their affective responses and develop basic awareness and skills necessary to appreciate the cultural diversity encountered in counseling and psychotherapy. Such courses may survey the major theoretical perspectives regarding cultural diversity in counseling, engage students in various experiential exercises to heighten cultural awareness and sensitivity, introduce students to the skills and techniques used in addressing culture therapeutically and providing students with the tools necessary to evaluate their appropriateness for engaging in cross-cultural therapy.

Ethics

This category may include courses which review the ethical foundations and parameters of professional standards and practice.

Supervised Professional Experience (internship, practicum, field experience)

Applicants will engage in a supervised professional experience which requires delivery of clinical services by the applicant under the supervision of an appropriately licensed or credentialed person. Such an experience may be completed as part of practicum/internship/field placement course work or off-campus field experiences. This may be counted towards the work experience requirement provided that it meets certification requirements.



CLINICAL SUPERVISION EDUCATION GRID

Please list in chronological order the 30 hours of education received in the required clinical supervision specific content areas. The minimum number of hours in each area is identified. These total 20 hours. The remaining 10 hours may be distributed among the areas at the applicant's discretion. 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: copy of transcripts, copies of certificates of attendance, form letters of lists of workshops signed by agency official or supervisor.

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

- | | |
|--|-------------------------------------|
| 1- Counselor Development (4 hours) | 4- Performance Evaluation (4 hours) |
| 2- Professional & Ethical Standards (4 hours) | 5- Administration (4 hours) |
| 3- Program Development & Quality Assurance (4 hours) | |

Date of training	Title of training	Total clock hours	1	2	3	4	5
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 Clinical Supervision Education

The following represent content areas appropriate for clinical supervision education.

Counselor Development

- Includes clinical supervision models; teaching and training methods and strategies; assessment theories, practices and tools; feedback purpose and process; motivational techniques to promote career development; communication processes or techniques; problem solving and conflict resolution models; theories of stress management; appropriate professional boundaries regarding clients or fellow staff; adult learning models; special populations; ethics and ethical problem solving; agency policy regarding appropriate counselor-client and supervisor-supervisee relationships.

Professional & Ethical Standards

- Includes public relation techniques; professional organizations, their goals and objectives; government agencies; agency, state and professional codes; route of reporting ethical violations; credentialing requirements; impact of nutrition and exercise on physical and mental well-being; stages of human development; various cultures, values and lifestyles; confidentiality laws; grievance process.

Program Development & Quality Assurance

- Includes developing program goals and objective; methods of program development; program needs assessments; clinical services improvement planning; relationship building to enhance service delivery; advocacy; development and implementation of quality improvement and quality assurance processes; monitoring client outcomes; client access, engagement and retention; facilitation of staff learning.

Performance Evaluation

- Includes leadership styles, interview techniques, stress management, observation techniques, functional communication skills, public speaking techniques, basic teaching techniques, comprehensive assessment, career development interventions and strategies, and ways to coordinate supervision with appropriate and reasonable work assignment

Administration

- Includes monitoring techniques; management practices; orientation procedures and practice; motivational skills; consultation strategies; staff development; program assessment and development methods; deference between consultation and supervision; agency's hiring and termination policies; performance appraisals.

**CHEMICAL DEPENDENCY CLINICAL SUPERVISORS
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 supervisory work at this setting: _____

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

Total # of contact hours of face to face clinical supervision:
(must at a minimum document 200 hours) _____

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

_____ Yes, please attach explanation.

_____ No

6. Do you recommend the applicant for certification?

_____ Yes, without reservation

_____ No. (comments/explanation) _____

I verify the above named individual has completed work experience as a clinical supervisor of chemical dependency counseling services under my supervision.

Supervisor's 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.