



OCPS I CERTIFICATION 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 certification process. **Intentionally false and/or misleading statements may result in denial or revocation of certification.**

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. AOD PRIMARY PREVENTION 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 AOD primary prevention 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 form must be completed documenting a minimum of 120 practical experience hours in the five performance domains. 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 AOD primary prevention work experience below. To meet the Chemical Dependency Professionals Board work experience requirements, a minimum 20 percent of employment must have been spent planning, coordinating and/or delivering AOD primary prevention services. 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: _____
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III. FORMAL ACADEMIC EDUCATION

Applicants must hold at least an Associate's degree in a prevention related field of study or a Bachelor's degree or higher in an unrelated field of study and at least ninety hours in human behavior related studies. These ninety hours may not be used toward the 100 hours of required prevention education.

Please enter all requested information for each institution you have attended. 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: _____
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PREVENTION SPECIALIST I FORMAL APPLICATION CHECKLIST

To facilitate the review of your OCPS I 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 should 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/incarceration.
- _____ Supervisor Reference Form enclosed.
- _____ A job description, signed by your supervisor, has been enclosed with this application.
- _____ Practical Experience Verification Form completed documenting 120 practical experience hours.
- _____ Completion of Education Grid documenting 100 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 an associate's degree in a prevention related field of study or an associate's degree in an unrelated field of study and at least ninety hours in human behavior related studies.

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



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.