



# OCPS II 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 three years (6,000 hours) of knowledge of the applicant's AOD primary prevention work experience of which two years (4,000 hours) must be in administering/supervising prevention 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 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 practical experience 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: _____
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 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.

<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>

**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 Prevention Specialist Code of Ethics and I agree to abide by this code. (The Prevention Specialist Code of Ethics may be accessed at [www.ocdp.ohio.gov](http://www.ocdp.ohio.gov) or may be sent to an individual 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 OCPS II 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, 16<sup>th</sup> Floor, Columbus, Ohio 43215  
614/387-1110 (phone) 614/387-1109 (fax) [www.ocdp.ohio.gov](http://www.ocdp.ohio.gov)  
Email: [credentialing@ocdp.state.oh.us](mailto:credentialing@ocdp.state.oh.us)**

<b>FOR OFFICE USE ONLY</b>		
Date Received:	Fee Paid:	Check/M.O./C.C. #:



## PREVENTION SPECIALIST II FORMAL APPLICATION CHECKLIST

To facilitate the review of your OCPS II 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.
- \_\_\_\_\_ Administrator/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.
- \_\_\_\_\_ Completion of Administrator/Supervisor Education Grid documenting 90 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.
- \_\_\_\_\_ Verification of a minimum of a Bachelor'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.

All forms are available at [www.ocdp.ohio.gov](http://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, 16<sup>th</sup> Floor Columbus, Ohio 43215  
614/387-1110 (phone) 614/387-1109 (fax) [www.ocdp.ohio.gov](http://www.ocdp.ohio.gov)  
Email: [credentialing@ocdp.state.oh.us](mailto: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](http://www.ohiovet.gov)) if you need assistance in obtaining a copy of the DD214 form.**



## AOD PRIMARY PREVENTION SPECIFIC EDUCATION/TRAINING

List in chronological order the 100 hours of education/training received in the required AOD Primary Prevention specific content areas. 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 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 sealed 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 applies. The content areas are as follows with the minimum number of hours required for each:

- |  |    |  |   |
|--|----|--|---|
| 1 - Foundation in Chemical Use/Abuse/Dependency          | 20 | 5 - Education & Skill Development        | 3 |
| 2 - Foundation in Prevention of AOD Use/Abuse/Dependency | 30 | 6 - Community Organization               | 3 |
| 3 - Ethics   | 6  | 7 - Public Policy & Environmental Change | 3 |
| 4 - Planning & Evaluation                                | 3  | 8 - Professional Growth & Responsibility | 3 |

Date of training	Title of training	Total hours	1	2	3	4	5	6	7	8
<b>TOTAL HOURS THIS PAGE</b>										

**One semester hour = 15 clock hours**

**One quarter hour = 10 clock hours**



## **PREVENTION-SPECIFIC EDUCATION AREAS**

The following subject matter represents content areas appropriate for prevention education. For a more comprehensive explanation of the domain areas, please access the [IC&RC Candidates Guide for the Prevention Examination](#).

### **Foundation I: Foundation in Chemical Use/Abuse/Dependency**

- Risk factors that increase risk for ATOD (illicit, prescribed and over-the-counter) drug use, abuse and substance use disorders
- Protective factors that reduce risk for ATOD use, abuse and substance use disorders
- ATOD-related health and impairment problems
- Trends and current issues related to ATOD use, abuse, substance use disorders and behavioral health
- Not allowable: Education/training on assessment or counseling techniques

### **Foundation II: Foundation in Prevention of AOD Use/Abuse/Dependency**

- Prevention science on ATOD use, abuse, substance use disorders and other behavioral health problems
- Historical perspectives on prevention
- Prevention theory and research
- Current prevention program models

### **Ethics for Prevention**

- Professional code(s) of conduct/ethics related to the prevention profession

### **Domain I: Planning & Evaluation**

- Information gathering and data analysis techniques
- Stages of community readiness
- Assessment of community conditions
- Strategies to build community capacity
- Strategic planning processes
- Logic models as a planning and evaluation tool
- Theory of Change concepts
- Problem prioritization strategies
- Components of effective prevention program planning
- Effective, outcome-focused prevention programming development
- Prevention program evaluation instruments/models/strategies
- Validity, reliability and cultural relevancy of evaluation instruments/models
- Evaluation activities to document program fidelity
- Sustainability strategies

### **Domain II: Education & Skill Development**

- Training and group facilitation techniques
- Prevention strategies best practices and models
- Learning styles, instructional strategies and presentation methods
- Information gathering techniques and data sources
- Training evaluation models, instruments and processes

- Current behavioral health trends and research
- Prevention resources for instructional programming
- Cultural diversity and competency
- Prevention intervention protocols

### **Domain III: Community Organization**

- Strategies for mentoring and organizing community members
- Understanding community characteristics
- Strategies for capacity-building, engagement and collaboration
- Strategies for identifying community readiness and moving leaders to higher levels of readiness
- Advocacy strategies and promotion techniques
- Intercommunity organizational structures and patterns of communication
- Elements of formal agreements
- Negotiating skills and strategies
- Networking and outreach strategies

### **Domain IV: Public Policy & Environmental Change**

- Political processes
- Evidence-based prevention policies
- Environmental change strategies
- Theory of Change concepts
- Socio-ecological systems theories
- Public health model
- Current behavioral health trends and research
- Advocacy and lobbying (and their differences)

### **Domain V: Professional Growth & Responsibility**

- Basic budget requirements set by funders
- Recipient rights and informed consent
- Health disparities that impact diverse communities
- Healthy living strategies
- Conflict resolution strategies
- Organizational dynamics and characteristics
- Regulations and practices regarding ethical fundraising
- Conflicts of interest



**PREVENTION CERTIFICATION  
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 AOD primary prevention functions: \_\_\_\_\_ %

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 applicant has completed AOD primary prevention work experience under my supervision.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date



## PREVENTION PROFESSIONALS PRACTICAL EXPERIENCE VERIFICATION FORM

Applicant Name: \_\_\_\_\_

This form is provided to document the 120 hours of practical experience completed during an applicant's prevention work experience. This form must be completed and returned with the Formal Application.

This is actual experience in each performance domain. 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 community organization, 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 performance domain. These total 50 hours. The remaining 70 hours may be spent in any domains as determined necessary by the supervisor and applicant.

<b>PERFORMANCE DOMAIN</b>	<b>MINIMUM HOURS REQUIRED</b>	<b>HOURS COMPLETED</b>
<b>Planning and Evaluation</b>	10 hours	
<b>Education and Skill Development</b>	10 hours	
<b>Community Organization</b>	10 hours	
<b>Public Policy &amp; Environmental Change</b>	10 hours	
<b>Professional Growth &amp; Responsibility</b>	10 hours	

**TOTAL HOURS COMPLETED (must be at least 120 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 120 hours of practical experience.

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_



## PREVENTION ADMINISTRATOR/SUPERVISOR EDUCATION GRID

Please list in chronological order the 90 hours of education received in the required clinical supervision specific content areas. 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 sealed 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- Human Resource Management (45 hours)

2- Fiscal Management (45 hours)

Date of training	Title of training	Total clock hours	1	2
<b>TOTAL HOURS THIS PAGE</b>				

One semester hour = 15 clock hours

One quarter hour = 10 clock hours

**DUPLICATE THIS PAGE AS NEEDED AND INCLUDE WITH THE FORMAL APPLICATION**



## **PREVENTION ADMINISTRATOR/SUPERVISOR** **EDUCATION AREAS**

The following represent content areas appropriate for prevention administrator/supervisor specific education.

### Human Resource Management (45 hours)

- Interpersonal Relations
- Organizational Development
- Employee Development
- Leadership Development
- Conflict Management
- Recruitment
- Emotional Intelligence
- Performance Management
- Organizational Change
- Coaching / Mentoring
- Quality Improvement
- Professional Writing
- Public Relations
- Supervision
- Labor Relations
- Training and Development

### Fiscal Management (45 hours)

- Statistics
- Finance
- Accounting
- Grant Writing
- Budgeting
- Financial Procedures
- Risk Management



**PREVENTION ADMINISTRATOR / SUPERVISOR  
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 AOD primary prevention functions: \_\_\_\_\_ %

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 an administrator / supervisor of AOD primary prevention services under my supervision.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date