



# OCPSA 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 hold at least a high school diploma or GED? Please attach a copy of that document.**

\_\_\_\_\_ **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 100 hours of knowledge of the applicant's AOD primary prevention work experience. Your supervisor-signed job description(s) covering this time must be included with this application.

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 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. PREVENTION SPECIFIC EDUCATION

List in chronological order the 45 hours of education/training received in the required AOD Primary Prevention specific content areas. The minimum number of hours in each area is identified. These total 27 hours. The remaining 18 hours may be distributed among the areas at the applicant's discretion. Fifty percent (50%) of this training must have been completed within the two (2) 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          | 3 | 5 - Education & Skill Development        | 3 |
| 2 - Foundation in Prevention of AOD Use/Abuse/Dependency | 6 | 6 - Community Organization               | 3 |
| 3 - Ethics   | 3 | 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

PLEASE COPY THIS PAGE AS NEEDED



## **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





## OCPSA FORMAL APPLICATION CHECKLIST

To facilitate the review of your OCPSA 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.
  
- \_\_\_\_\_ High School Diploma or GED documentation enclosed.
  
- \_\_\_\_\_ Completion of Education Grid documenting 45 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 Professional Development Plan

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.**



# PROFESSIONAL DEVELOPMENT PLAN

## TOWARD OCPS I/OCPS II CERTIFICATION

This Professional Development Plan is to be completed jointly by the supervisor and the applicant, and must be submitted with the RA/OCPSA application. Please note the Board does not approve the Professional Development Plan. Submission of this document demonstrates to the Board how the applicant will accomplish experience, education and knowledge requirements in the Foundations and Domains needed for OCPS certification.

AREA	EDUCATION PLAN	EXPERIENCE PLAN
<b>Foundation in Chemical Use/Abuse/Dependency</b>		
<b>Foundation in Prevention of AOD Use/Abuse/Dependency</b>		

AREA	EDUCATION PLAN	EXPERIENCE PLAN
<b>Domain 1:</b> <b>Planning and Evaluation</b>		
<b>Domain 2:</b> <b>Education &amp; Skill Development</b>		
<b>Domain 3:</b> <b>Community Organization</b>		

<b>AREA</b>	<b>EDUCATION PLAN</b>	<b>EXPERIENCE PLAN</b>
<b>Domain 4: Public Policy &amp; Environment Change</b>		
<b>Domain 5: Professional Growth and Responsibility</b>		



**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