



OCPS II CONVERSION APPLICATION

This application must be returned to the Ohio Chemical Dependency Professionals Board. It will not be considered complete unless accompanied by the appropriate fee. Please give full and complete answers. Vague and/or incomplete applications will be returned, causing a delay in the recertification process. **Intentionally false and/or misleading statements may result in denial or revocation of recertification.**

Please type or print legibly.

Certificate Number _____

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**

Have you ever had a professional license/certificate reprimanded, suspended, revoked, surrendered or in any other way sanctioned since obtaining certification?

If yes, please attach a written explanation.

_____ **Yes** _____ **No**

Have you ever been convicted of a misdemeanor or felony since obtaining your certification? If yes, please complete the misdemeanor/felony questionnaire.

_____ **Yes** _____ **No**

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

____ Yes ____ No

CONVERSION APPLICATION INSTRUCTIONS AND CHECKLIST

Applicants who hold at least an OCPS I may convert their certificate to a higher level when applicable. Applicants must fulfill all eligibility requirements for the level to which they are applying.

To Convert to the OCPS II:

- ____ Applicant must currently hold the OCPS I credential.

- ____ Applicants must document completion 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. These ninety hours may not be used toward the 100 hours of required prevention education. An official sealed transcript from each must be included with this application.

- ____ Applicants must document two years (4,000 hours) of work experience as an administrator/supervisor of AOD prevention services. Completion of the Prevention Administrator/Supervisor: Supervisor Reference Form is required along with submission of a job description signed by the applicant's supervisor.

- ____ Applicant must complete 90 hours of administrator/supervisor education and document these hours on the Administrator/Supervisor Education Grid. Verification of course work must be submitted with this form.

- ____ Applicants must submit the conversion application, appropriate forms and the \$35.00 Non-refundable Conversion Application fee.

All necessary forms for conversion can be accessed on the Board's website at www.ocdp.ohio.gov or by calling the board office at 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.



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
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



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