



## Conversion Application for Chemical Dependency Counselors

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.**

For which credential are you renewing? \_\_\_\_\_ LCDC III \_\_\_\_\_ LICDC

**Applicant Name** (first, middle and last) \_\_\_\_\_

**Maiden Name** (if applicable) \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **SS #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Certification Number** \_\_\_\_\_ **Lapse Date** \_\_\_\_\_

**Preferred Mailing Address** (Please provide street number, street name, city, state and zip.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**County** \_\_\_\_\_ **Is this a change of address?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Home Phone** \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ **Work Phone** \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

**FAX number** \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ **Mobile Phone** \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

Would you like to receive correspondences regarding your application via email? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

## CONVERSION APPLICATION INSTRUCTIONS AND CHECKLIST

Individuals who have completed the AODA written examination and are now licensed with the Board as an LCDC II or LCDC III may convert their license to a higher level when applicable. Individuals must fulfill all eligibility requirements for the level to which they are applying.

### To Convert to the LCDC III:

- \_\_\_ Individual must currently hold the LCDC II credential
- \_\_\_ Individual must document completion of a bachelor's degree or higher in a behavioral science. Documentation shall be in the form of college transcripts or college diploma.
- \_\_\_ Individual must complete 40 hours of diagnostic training and document these hours on the Diagnostic Training Grid. Verification of coursework must be submitted with this form and may include certificates of completion, letters of verification and/or transcripts.
- \_\_\_ Individual must submit the conversion application, appropriate forms and the \$35 Non-refundable Conversion application fee. Check or money order should be made payable to Treasurer, State of Ohio.

### To Convert to the LICDC:

- \_\_\_ Individual must currently hold the LCDC II or LCDC III credential
- \_\_\_ Individual must document completion of a master's degree or higher in a behavioral science. Completion of the Master's Degree Grid is required along with submission of transcripts of master's or higher coursework.
- \_\_\_ Individual must document two years (4,000 hours) of clinical supervisory work experience in the AODA field, including two hundred hours of face-to-face clinical supervision. Completion of the Clinical Supervision: Supervisor Reference Form is required along with submission of a job description signed by the individual's supervisor.
- \_\_\_ Individual must complete 30 hours of clinical supervision education and document these hours on the Clinical Supervision Education Grid. Verification of coursework must be submitted with this form and may include certificates of completion, letters of verification and/or transcripts.
- \_\_\_ Individual must submit the conversion application, appropriate forms and the \$35 Non-refundable Conversion application fee. Check or money order should be made payable to Treasurer, State of Ohio.
- \_\_\_ Once conversion application is approved, individual must take and pass the Clinical Supervisor Written Examination. This examination is offered four times a year and requires an additional testing fee be submitted.

**All requirements must be met in order for an individual to be approved for conversion. All necessary forms for conversion can be accessed on the Board's website at [www.ocdp.ohio.gov](http://www.ocdp.ohio.gov) or by calling the board office at 614-387-1110. Upon submission and approval of the above items, the Board will convert an individual's license to the appropriate level and issue an approval letter. Additionally, the Board will issue a new credential that verifies that the individual is now authorized to practice at this new level.**

**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 Chemical Dependency Code of Ethics, and I agree to abide by this code. (The Chemical Dependency 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 \$35 fee submitted herewith represents the non-refundable Conversion 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:**

All checks and money orders should be made payable to "Treasurer, State of Ohio."

**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. #:



## 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.**