

II. TYPE OF RENEWAL

For which type of renewal are you applying? (Please check one.)

- Renewal** (two-year)
- Senior Citizen** (two-year for retired counselors sixty years of age or older working less than 20 hours per week)
- Short-Term Inactive*** (for counselors unable to meet continuing education requirement)
- Long-Term Inactive*** (for counselors temporarily inactive in chemical dependency field)

*Inactive Status Requests must be accompanied by a letter of request, your original credential and the inactive status fee. Please see Inactive Status Policy enclosed.

III. RENEWAL FEES

Please check the fee appropriate to your application. A check or money order for this amount must be submitted with your application. Please make check or money order payable to Treasurer, State of Ohio. **All fees are non-refundable.**

- \$150** – Two-Year Renewal Fee
- \$100** – Two-Year Renewal Fee *if* also certified in Prevention
- \$55** – Two-Year Senior Citizen Renewal Fee**
- \$15** – Short-Term Inactive Renewal Fee
- \$15** – Long-Term Inactive Renewal Fee

** To qualify for Senior Citizen Status licensees or certificate holders must be at least 60 years old and work less than 20 hours per week.

V. APPLICANT AFFIRMATION

I hereby affirm 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 Ohio Chemical Dependency Professionals Board and its agents. I understand that falsification of any portion of this application may result in my being denied renewal or in revocation of same.

I hereby affirm that I have read the Chemical Dependency Counselor Code of Ethics and I agree to abide by this code. (The Code of Ethics may be viewed by accessing www.ocdp.ohio.gov or by calling the board office and requesting a copy.)

I further agree to hold the Ohio 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 renewal.

I understand that the check or money order submitted herewith represents the non-refundable application fee appropriate to the type of renewal requested. (A non-refundable \$20 fee will be charged for any check not accepted for deposit by the bank.)

Applicant Signature Date

If paying via credit card:

Please circle one: Master Card Visa
Cardholder Name: _____
Credit Card Number: _____
Expiration Date: _____
CVV2/CID Code # (Three digit number on back of card): _____
Dollar Amount To Be Charged _____

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
37 West Broad Street, Suite 785 Columbus, Ohio 43215
614/387-1110 (phone) 614/387-1109 (fax) www.ocdp.ohio.gov
Email: credentialing@ocdp.state.oh.us

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