

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. #:



CHEMICAL DEPENDENCY COUNSELOR RENEWAL APPLICATION CHECKLIST

To facilitate the review of your renewal 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 renewal application to be complete and acceptable to the Board. Incomplete or inappropriately completed applications will be returned and will result in a delay of renewal and possible lapse of time between credentialing periods.

Check each item when completed:

- Renewal status requested is identified.
- Fee appropriate to the requested renewal status is enclosed.
Check/Money Order made payable to: Treasurer, State of Ohio
- Forty hours of education, with the following minimum requirements:
 - ____ Six (6) hours of chemical dependency specific education
 - ____ Six (6) hours of Clinical Supervision specific education
for LICDCs ONLY.
- Educational events submitted for renewal, the dates of those events and the number of hours requested for each event are listed on Page 3 of the application form. (IT IS NOT NECESSARY TO SUBMIT ATTENDANCE CERTIFICATES WITH YOUR APPLICATION.)
- Application is signed and dated.

SEE REVERSE SIDE FOR SHORT-TERM AND LONG-TERM INACTIVE STATUS

Last Updated 9/05

SHORT-TERM INACTIVE STATUS

Short-Term Inactive Status is an extension to acquire additional Recognized Clock Hours (RCHs) to meet renewal eligibility requirements. Under this policy, individuals may be granted up to a maximum of six (6) months extension. This status may be obtained by completing the following procedures.

1. A written request from the chemical dependency counselor must be received at the Board office thirty days prior to the credential's lapse date and **MUST** be accompanied by:
 - a. Original credential - do not send a copy of the credential. In the event the chemical dependency counselor's credential has been lost or destroyed, a signed and notarized statement stating such must be submitted in place of the credential. All credentials are the property of the Board and must be held by the Board during inactive status.
 - b. Completed Renewal Application
 - c. \$15 holding fee.
2. While on Short-Term Inactive Status, the chemical dependency counselor **MAY NOT** use their credential in any capacity.
3. To reactivate credential, the chemical dependency counselor must:
 - a. Submit a written request for reactivation
 - b. Submit a renewal application along with documentation of completion of the required education
 - c. Submit the \$150 renewal fee (\$100 if also OCPS certified)

LONG-TERM INACTIVE STATUS

Long-Term Inactive Status is an extension for those individuals who are temporarily leaving the field (i.e., returning to school, military service). Under this policy, individuals may be granted up to a maximum five (5) year extension. This status may be obtained by completing the following procedures.

1. A written request from the chemical dependency counselor, with an explanation to justify the request, must be received at the Board thirty days prior to the credential's lapse date and **MUST** be accompanied by:
 - a. Original credential - do not send a copy of the credential. In the event the chemical dependency counselor's credential has been lost or destroyed, a signed and notarized statement stating such must be submitted in place of the credential. All credentials are the property of the Board and must be held by the Board during inactive status.
 - b. Completed Renewal Application.
 - c. \$15 holding fee.
2. While on Long-Term Inactive Status, the chemical dependency counselor **MAY NOT** use their credential in any capacity.
3. To reactivate credential, the chemical dependency counselor must:
 - a. Submit a written request for reactivation
 - b. Submit renewal application along with documentation of completion of the required education within the two (2) year period immediately prior to the request for reactivation.
 - c. Submit the \$150 renewal fee (\$100 if also OCPS certified)



The OCDP Board asks that the following be completed to establish background data on Chemical Dependency Professionals participating in the Ohio Credentialing Program. This information is used for statistical purposes only and is collected on a voluntary basis.

Name _____ Certification# _____

Age Group: _____ 18 to 29 _____ 30 to 39 _____ 40 to 49 _____ 50 to 59 _____ 60 and over

Gender: _____ Male _____ Female

Current Job Information:

Employer/Program Name: _____ Date of Employment: _____

Employer's Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Employer's Telephone: () _____ Fax: () _____

Salary Range: _____ \$50,000 or above _____ \$40,000 to \$49,000 _____ \$30,000 to \$39,000
_____ \$20,000 to \$29,000 _____ \$19,000 or below

Race/Ethnic Background:

_____ Caucasian or European descent _____ Asian _____ African American/Black
_____ Spanish origin or descent _____ Native Hawaiian _____ Pacific Islander
_____ Native American or Alaskan Native _____ Other (specify) _____

Education Background (Identify highest level completed):

_____ High/school Diploma (G.E.D.) _____ Trade School _____ Associate of Arts
_____ Bachelor's Degree _____ Master's Degree _____ Doctorate Degree
_____ Other (specify) _____

Additional information, suggestions or comments:

I understand the information developed in this inventory data form will be used only for the purpose noted.

Signature _____ Date _____