



# Chemical Dependency Counselor Assistant Application

This application must be returned to the Ohio 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 application 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 #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

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

**County** \_\_\_\_\_

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

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

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

Would you like to receive correspondences regarding your 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 currently live or work at least 51% of the time in Ohio? \_\_\_\_\_ Yes \_\_\_\_\_ No

**II. CHEMICAL DEPENDENCY WORK/VOLUNTEER EXPERIENCE**

Please record your current chemical dependency counseling work experience below. To meet the requirements for Chemical Dependency Counselor Assistant certification, applicants must document that they are currently working or volunteering in a chemical dependency position where the twelve core functions are used under supervision. The twelve core functions are: screening, intake, orientation, assessment, treatment planning, counseling, case management, crisis intervention, client education, referral, reports and record keeping and consultation with other professionals.

- Please submit a job description signed by your supervisor for the work experience listed below.

**Employer Name:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employer Phone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_

**Supervisor Title:** \_\_\_\_\_

**III. SUPERVISOR STATEMENT:**

I verify that \_\_\_\_\_ has assumed chemical dependency counseling  
(name of applicant)  
duties in a setting where the twelve core functions are used. I further verify that I am the individual designated by the above listed employer to provide supervision for this applicant.

\_\_\_\_\_  
**Supervisor Name** (please print)

\_\_\_\_\_  
**Credential(s) Held**

\_\_\_\_\_  
**Supervisor Signature**

\_\_\_\_\_  
**Date**



**IV. 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 \$50 fee submitted herewith represents the non-refundable CDCA Formal 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**  
**Vern Riffe Center ♦ 77 South High Street, 16th Floor ♦ Columbus, OH 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)**

FOR OFFICE USE ONLY		
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.**



## CHEMICAL DEPENDENCY COUNSELOR ASSISTANT FORMAL APPLICATION CHECKLIST

To facilitate the review of your CDCA 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 must 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.
- Supervisor has signed the supervisor statement verifying employment.
- A job description, signed by your supervisor, has been enclosed with this application.
- Verification of education hours in the form of transcripts, certificates and/or letters of completion have been submitted with this application.

All forms are available at [www.ocdp.ohio.gov](http://www.ocdp.ohio.gov) or by calling (614) 387-1110.