



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) _____ **SSN** _____

Preferred Mailing Address (please provide street number, street name, city, state and zip)

County _____ **Is this a change of address?** ___ Yes ___ No

Phone Number _____ **Fax Numbers** _____

Email Address _____

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

I. PERSONAL HISTORY INFORMATION

If you have ever been licensed/certified to practice in the profession for which you are now making application, or held any other professional license/certification, complete the table below. You must identify the current status of your credential(s) – ie. Active, Lapsed, Revoked, Suspended, etc. Failure to disclose all licenses/certifications held may result in denial of your application or other appropriate action.

State	License/Certification Type	License/Certificate Number	Date of Issuance	License Status

Have you ever been convicted of a felony? ___ 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

III. CHEMICAL DEPENDENCY COUNSELING EDUCATION

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 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 check or money order 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 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): _____

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 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 or by calling (614) 387-1110.