



Ohio Chemical Dependency Professionals Board

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Columbus, OH 43215

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INACTIVE STATUS REQUEST FORM

Individuals who hold a credential with the Board may place that credential on Inactive Status by completing the following form and submitting it to the Board along with the original certificate/license and the \$15 inactive status fee.

Applicant Name: _____

SSN: _____ **Credential #:** _____

Address: (Please provide street number, street name, city, state and zip.)

Phone Number: _____

Email Address: _____

Please indicate the certificate/license to be placed on inactive status:

_____ CDCA _____ LCDC III _____ LICDC - CS _____ OCPS I
_____ LCDC II _____ LICDC _____ OCPSA _____ OCPS II

Please indicate the requested type of inactive status:

_____ Short-Term (up to 6 months) _____ Long-Term (up to 5 years)

The following items must be submitted with this request form:

- Original credential - do not send a copy of the credential. If the credential has been lost or destroyed, a signed and notarized statement stating such must be submitted for the credential.
- \$15 Inactive Status Request Fee in the form of a check or money order made payable to "Treasurer: State of Ohio". Visa and Mastercard payments are also accepted and require the completion of the Credit Card Authorization Form which can be obtained on the Board's website or by calling the Board office.

While on Inactive Status individuals **MAY NOT** use their credential in any capacity. To reactivate the credential, individuals must complete a renewal application and submit it to the Board with the appropriate renewal fee.