



LICENSED CHEMICAL DEPENDENCY COUNSELOR II FORMAL APPLICATION

This application must be returned to the 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 COUNSELING WORK EXPERIENCE

Supervisor references are required as part of this application. The supervisor reference form must provide at least three years (6,000 hours) of knowledge of the applicant's chemical dependency counseling work experience. An associate's degree in a behavioral science may be substituted for 6 months of work experience, a bachelor's degree in a behavioral science may be substituted for one year of work experience, a master's degree or higher in a behavioral science may be substituted for two years of work experience. One year of full time work experience equals 2,000 hours.

Additionally, a verification of tasks form must be completed documenting a minimum of 330 practical experience hours in the 12 core functions. If there was more than one supervisor during these times, forms should be duplicated so that each may have an appropriate form to complete. Completed reference forms and verification of tasks forms must be returned with this application.

Please record your chemical dependency counseling work experience below. To meet the Chemical Dependency Professionals Board work experience requirements, a minimum 20 percent of employment must have been spent in the counseling portion of the 12 core functions as it relates to the alcohol and/or other drug-addicted client. Final determination of the acceptability of work experience shall be at the discretion of the Board. Duplicate this page as needed to account for the required minimum amount of work experience. Your supervisor-signed job description(s) covering this time must be included with this application. Please list most recent experience first.

Employer: _____
Name and Title of Supervisor: _____
Length of Employment (month and year): From _____ To _____
Job Title: _____ Number of hrs worked per week: _____

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Name and Title of Supervisor: _____
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Job Title: _____ Number of hrs worked per week: _____

Employer: _____
Name and Title of Supervisor: _____
Length of Employment (month and year): From _____ To _____
Job Title: _____ Number of hrs worked per week: _____

III. FORMAL ACADEMIC EDUCATION

Applicants must hold at least an associate's degree in a behavioral science or a bachelor's degree in any field. Enter all requested information for each institution you list. A transcript from each must be included with this application. Please list in order, starting with the most recently attended institution.

<p>Institution: _____</p> <p>Dates Attended: From _____ To _____ Total Hours Earned: _____</p> <p>Major or Core of Study: _____</p> <p>Degree Awarded: _____ Date Degree Awarded: _____</p>
<p>Institution: _____</p> <p>Dates Attended: From _____ To _____ Total Hours Earned: _____</p> <p>Major or Core of Study: _____</p> <p>Degree Awarded: _____ Date Degree Awarded: _____</p>
<p>Institution: _____</p> <p>Dates Attended: From _____ To _____ Total Hours Earned: _____</p> <p>Major or Core of Study: _____</p> <p>Degree Awarded: _____ Date Degree Awarded: _____</p>
<p>Institution: _____</p> <p>Dates Attended: From _____ To _____ Total Hours Earned: _____</p> <p>Major or Core of Study: _____</p> <p>Degree Awarded: _____ Date Degree Awarded: _____</p>



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, 16th Floor Columbus, Ohio 43215
614/387-1110 (phone) 614/387-1109 (fax) www.ocdp.ohio.gov
Email: credentialing@ocdp.state.oh.us

This document will be shredded after your payment is processed.



LICENSED CHEMICAL DEPENDENCY COUNSELOR II FORMAL APPLICATION CHECKLIST

To facilitate the review of your LCDC II 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 should 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 Reference Form enclosed.
- _____ A job description, signed by your supervisor, has been enclosed with this application.
- _____ Verification of Tasks Form completed documenting 330 practical experience hours in the 12 core functions.
- _____ Completion of Education Grid and verification of education hours in the form of transcripts, certificates and/or letters of completion have been submitted with this application.
- _____ Verification of completion of at least an Associate's degree in a behavioral science or a non-related Bachelor's degree.

All forms are available at www.ocdp.ohio.gov or by calling (614) 387-1110.