



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.

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 Numbers ____/____-____ (home) ____/____-____ (work)

Fax Number ____/____-____ **Email Address** _____

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 |
|-------|----------------------------|----------------------------|------------------|----------------|
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Have you ever been convicted of a felony? ____ 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.

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|---|
| Employer: _____ Name and Title of Supervisor: _____ Length of Employment (month and year): From _____ To _____ 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: _____ |
| 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.

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| Institution: _____ |
| Dates Attended: From _____ To _____ Total Hours Earned: _____ |
| Major or Core of Study: _____ |
| Degree Awarded: _____ Date Degree Awarded: _____ |

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|---|
| Institution: _____ |
| Dates Attended: From _____ To _____ Total Hours Earned: _____ |
| Major or Core of Study: _____ |
| Degree Awarded: _____ Date Degree Awarded: _____ |

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| Institution: _____ |
| Dates Attended: From _____ To _____ Total Hours Earned: _____ |
| Major or Core of Study: _____ |
| Degree Awarded: _____ Date Degree Awarded: _____ |

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| Institution: _____ |
| Dates Attended: From _____ To _____ Total Hours Earned: _____ |
| Major or Core of Study: _____ |
| Degree Awarded: _____ Date Degree Awarded: _____ |

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 LCDC II 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

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| FOR OFFICE USE ONLY | | |
| Date Received: | Fee Paid: | Check/M.O./C.C. #: |



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.

