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: _____

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.

Institution: _____

Dates Attended: From _____ To _____ Total Hours Earned: _____

Major or Core of Study: _____

Degree Awarded: _____ Date Degree Awarded: _____

Institution: _____

Dates Attended: From _____ To _____ Total Hours Earned: _____

Major or Core of Study: _____

Degree Awarded: _____ Date Degree Awarded: _____

Institution: _____

Dates Attended: From _____ To _____ Total Hours Earned: _____

Major or Core of Study: _____

Degree Awarded: _____ Date Degree Awarded: _____

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 fee 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 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
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

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

Last Updated 06/10

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.

CHEMICAL DEPENDENCY SPECIFIC EDUCATION GRID

Please list, in chronological order, the 270 hours of education/training received in the required chemical dependency specific content areas. The minimum number of hours in each area is identified. These total 174 hours. The remaining 96 hours may be distributed among the areas at the applicant's discretion. Fifty percent (50%) of this training must have been completed within the five (5) year period immediately prior to filing the formal application. Arrange the attached attendance verification in the same order as listed unless the verification is a college transcript.

All education hours must be verified and included with the application. Acceptable forms of verification include: copy of transcripts, copies of certificates of attendance, form letters or lists of workshops signed by agency official or supervisor.

Indicate the number of hours in each content area for which the education/training applies. The content areas are as follows:

1 - Theories of addiction (24 hours)
2 - Counselling procedures & strategies with addicted populations (24 hours)
3 - Group process & techniques working with addicted populations (18 hours)
4 - Assessment & diagnosis of addiction (24 hours)
5 - Relationship counselling with addicted populations (24 hours)
6 - Pharmacology (18 hours)
7 - Prevention strategies (12 hours)
8 - Treatment planning (18 hours)
9 - Legal & ethical issues pertaining to chemical dependency (12 hours)

Date of training	Title of training	Total clock hours	1	2	3	4	5	6	7	8	9
	TOTAL HOURS THIS PAGE										

One semester hour = 15 clock hours **One quarter hour = 10 clock hours**

DUPLICATE THIS PAGE AS NEEDED AND INCLUDE WITH THE FORMAL APPLICATION

Definitions of the 270 Hours of Chemical Dependency Specific Education

Theories of Addiction - (24 hours)

- Models and theories used to describe addiction, contemporary and historical
- Effects of addiction on individuals including the biological, psychological (cognitive and affective), social and spiritual dimensions of life and functioning; the interaction of the social and cultural contexts with addictive processes
- Differentiation of addiction from other medical and psychological conditions

Counseling Procedures and Strategies with Addicted Populations - (24 hours)

- Theories of counseling and psychotherapy employed in the treatment of psychoactive substance abuse and addiction
- Techniques utilized in the treatment of psychoactive substance abuse and dependence
- Models of treatment utilized in the treatment of psychoactive substance abuse and addiction, contemporary and historical
- Interaction of theories of personality with theories of counseling and psychotherapy; professional issues including counter-transference, boundary setting and characteristics and dynamics which decrease the effectiveness of therapists
- Relapse prevention
- Dual diagnosis

Group Process and Techniques Working with Addicted Populations - (18 hours)

- Models of group therapy
- Dynamics of therapy groups
- Components of group process and analysis; dynamics of facilitation
- Effects of addictive processes on group therapy
- Effects of individual diversity of group process

Assessment and Diagnosis of Addiction - (24 hours)

- Assessment procedures
- Diagnostic interviewing
- Use and interpretation of testing instruments for psychoactive substance abuse and dependence
- Criteria for determining diagnosis; criteria for determining appropriate modality and level of treatment
- Use of collateral data in the assessment process, including professional and nonprofessional material
- Dual diagnosis

Relationship Counseling with Addicted Populations - (24 hours)

- Models and techniques of assessing relationship dysfunction
- Use and interpretation of instruments used in the assessment of relations
- Theories of counseling and psychotherapy employed in the treatment of dysfunctional relationships
- Techniques and strategies utilized in the treatment of dysfunctional relationships
- Effects of addictive processes on relationship systems
- Effects of addictive processes on human growth and development
- Differential assessment of dysfunction resulting from codependency and other medical and

psychological conditions

Pharmacology - (18 hours)

- Pharmacology of both drugs of abuse and those used in detoxification and the treatment of addiction and mental and emotional disorders including the action of pharmaceuticals and the physiological response, the interaction of pharmaceuticals, tolerance, the appropriate use of psychotropics with addicted persons and the effects of drugs on sensation and perception, learning and memory, human growth and development, sexual functioning and behavior

Prevention Strategies - (12 hours)

- Models of prevention of psychoactive substance use, abuse and dependence, contemporary and historical
- Methods and components utilized in the interpretation of a needs assessment
- Function of evaluation instruments; social and cultural influences on the use of psychoactive substances
- Risk factors associated with the use, abuse and dependence on psychoactive substances
- Prevention and intervention strategies used with various groups identified by age, gender, ethnicity, sexual orientation, ability; employee assistance programming, student assistance programming
- Wellness

Treatment Planning - (18 hours)

- Models of treatment planning; adapting treatment strategies to individual needs and characteristics including persons with other medical and psychological conditions
- Criteria for admission, continuing care and discharge appropriate to diverse levels of treatment
- Methods of documenting the course of treatment
- Relapse prevention

Legal and Ethical Issues Pertaining to Chemical Dependency - (12 hours)

- Principles supporting and informing the ethical codes pertaining to addictions counselors
- Specific knowledge of appropriate ethical codes and laws associated with addictions counseling
- Obligations and procedures which encourage the ethical conduct of counselors

The minimum number of education hours required in each of these areas is specified in the parentheses. These total 174 hours. The remaining 96 hours may be distributed among these areas and other areas at the applicant's discretion.

Last Updated 06/10

CHEMICAL DEPENDENCY PROFESSIONALS BOARD
SUPERVISOR REFERENCE FORM
CHEMICAL DEPENDENCY COUNSELORS

_____ _____
APPLICANT'S NAME APPLICANT'S FILE # (if applicable)

INSTRUCTIONS TO APPLICANT:

- Complete Part A and sign the Waiver of Liability before giving this form to your supervisor.

PART A: TO BE COMPLETED BY THE APPLICANT

1. Name _____
First Middle Last

Social Security # _____

2. Address _____
Number Street City State Zip

3. Indicate which credential you are applying for: ___ LCDC II ___ LCDC III ___ LICDC

4. Name of Supervisor _____ Title _____

5. Name and address of facility where supervision took place:

_____

_____

_____

6. Dates of supervision at this setting: From _____ to _____
mo/yr mo/yr

Average number of hours per week worked at this setting: _____

Approximate size of alcoholism and other drug addiction caseload: _____

Percent of time at this setting that was spent in alcoholism and other drug addiction counseling functions: _____ %

WAIVER OF LIABILITY

I, _____ hereby authorize _____
(applicant) (supervisor)
to provide to the Department all information which the Department may deem relevant to my qualifications as an applicant for certification. I hereby release and discharge the Supervisor from all claims arising out of the provision of such information.

_____ _____
Signature of Applicant Date

CHEMICAL DEPENDENCY PROFESSIONALS BOARD
SUPERVISOR REFERENCE FORM
CHEMICAL DEPENDENCY COUNSELORS

INSTRUCTIONS TO SUPERVISOR:

- Complete Part B ONLY if the waiver of liability has been signed by the applicant.
- After completing this form, please return to the applicant.

PART B: TO BE COMPLETED BY SUPERVISOR

1. Professional credentials and/or licenses you hold _____

2. I have reviewed the applicant's statements regarding supervised work experience.

These statements

_____ **ARE** substantially correct

_____ **ARE NOT** substantially correct

3. Are you aware of any unethical professional behavior by this applicant?

_____ Yes, please explain _____

_____

_____ No

4. Do you recommend the applicant for certification?

_____ Yes, without reservation

_____ No. (comments/explanation) _____

_____

_____

_____ _____
Supervisor's Signature Date

Last Updated 06/10

CHEMICAL DEPENDENCY PROFESSIONALS BOARD
VERIFICATION OF REQUIRED TASKS

Applicant Name: _____ File # _____

This form is provided to document the 330 hours of practical experience completed during an applicant's chemical dependency counseling work experience. This requirement is based on the International Certification and Reciprocity Consortium (ICRC) International Standards.

This is actual experience in each core function. If an applicant cannot obtain any of the required practical experience at his/her employment, arrangements may need to be made in order to accomplish this requirement (i.e., the applicant does not perform screening, therefore must make arrangements to perform this function for a minimum of 10 hours).

The applicant must complete the minimum hours (indicated below) in each core function. These total 220 hours. The remaining 110 hours may be spent in any areas as determined necessary by the supervisor and applicant.

This form must be completed and returned with the Formal Application.

CORE FUNCTION	MINIMUM HOURS REQUIRED	HOURS COMPLETED
Screening	10 hours	
Intake	10 hours	
Orientation	10 hours	
Assessment	10 hours	
Treatment Planning	25 hours	
Counseling: Individual	30 hours	
Group	30 hours	
Family	20 hours	
Case Management	15 hours	
Crisis Intervention	10 hours	
Client Education	10 hours	
Referral	10 hours	
Consultation	10 hours	
Reports & Recordkeeping	20 hours	

TOTAL HOURS COMPLETED _____ (must be at least 330 hours)

The supervisor signature verifies that the above named individual has completed the above listed hours of practical experience. Supervisor can sign for partial hours if the full 330 hours were not completed.

Supervisor Name (Please print): _____

Supervisor Signature _____ Date _____