



## LICENSED CHEMICAL DEPENDENCY COUNSELOR III 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 |
|-------|----------------------------|----------------------------|------------------|----------------|
|       |                            |                            |                  |                |
|       |                            |                            |                  |                |
|       |                            |                            |                  |                |
|       |                            |                            |                  |                |

**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 two years (4,000 hours) of knowledge of the applicant's chemical dependency counseling work experience. A master's degree or higher in a behavioral science may be substituted for one year 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 a bachelor's degree in a behavioral science. 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> |





## LICENSED CHEMICAL DEPENDENCY COUNSELOR III FORMAL APPLICATION CHECKLIST

To facilitate the review of your LCDC III 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 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 a Bachelor's degree in a behavioral science.

All forms are available at [www.ocdp.ohio.gov](http://www.ocdp.ohio.gov) or by calling (614) 387-1110.