



LICENSED INDEPENDENT CHEMICAL DEPENDENCY COUNSELOR 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 of which two years (4,000 hours) must be in clinical supervisory 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 master'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>

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 LICDC 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. #:



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 INDEPENDENT CHEMICAL DEPENDENCY COUNSELOR FORMAL APPLICATION CHECKLIST

To facilitate the review of your LICDC 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.
- _____ Clinical Supervision Reference Form enclosed.
- _____ 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 a Master's degree in a behavioral science and completion of the Master's Degree Grid.

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



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 _____



CLINICAL SUPERVISION EDUCATION GRID

Please list in chronological order the 30 hours of education received in the required clinical supervision specific content areas. The minimum number of hours in each area is identified. These total 20 hours. The remaining 10 hours may be distributed among the areas at the applicant's discretion. 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 of lists of workshops signed by agency official or supervisor.

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

- | | |
|--|-------------------------------------|
| 1- Counselor Development (4 hours) | 4- Performance Evaluation (4 hours) |
| 2- Professional & Ethical Standards (4 hours) | 5- Administration (4 hours) |
| 3- Program Development & Quality Assurance (4 hours) | |

Date of training	Title of training	Total clock hours	1	2	3	4	5
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 Clinical Supervision Education

The following represent content areas appropriate for clinical supervision education.

Counselor Development

- Includes clinical supervision models; teaching and training methods and strategies; assessment theories, practices and tools; feedback purpose and process; motivational techniques to promote career development; communication processes or techniques; problem solving and conflict resolution models; theories of stress management; appropriate professional boundaries regarding clients or fellow staff; adult learning models; special populations; ethics and ethical problem solving; agency policy regarding appropriate counselor-client and supervisor-supervisee relationships.

Professional & Ethical Standards

- Includes public relation techniques; professional organizations, their goals and objectives; government agencies; agency, state and professional codes; route of reporting ethical violations; credentialing requirements; impact of nutrition and exercise on physical and mental well-being; stages of human development; various cultures, values and lifestyles; confidentiality laws; grievance process.

Program Development & Quality Assurance

- Includes developing program goals and objective; methods of program development; program needs assessments; clinical services improvement planning; relationship building to enhance service delivery; advocacy; development and implementation of quality improvement and quality assurance processes; monitoring client outcomes; client access, engagement and retention; facilitation of staff learning.

Performance Evaluation

- Includes leadership styles, interview techniques, stress management, observation techniques, functional communication skills, public speaking techniques, basic teaching techniques, comprehensive assessment, career development interventions and strategies, and ways to coordinate supervision with appropriate and reasonable work assignment

Administration

- Includes monitoring techniques; management practices; orientation procedures and practice; motivational skills; consultation strategies; staff development; program assessment and development methods; deference between consultation and supervision; agency's hiring and termination policies; performance appraisals.



**CHEMICAL DEPENDENCY PROFESSIONALS BOARD
CLINICAL SUPERVISION
SUPERVISOR REFERENCE FORM**

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

4. Name of Supervisor _____ Title _____

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

6. Dates of clinical supervisory experience: From _____ to _____
mo/yr mo/yr

Number of hours worked per week at this setting: _____

Total number of contact hours of face-to-face clinical supervision: _____

(Must at a minimum document 200 hours)

WAIVER OF LIABILITY

I, _____ hereby authorize _____
(applicant) (supervisor)

to provide the Board all information which the Board may deem relevant to my qualifications as an applicant for licensure. 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
CLINICAL SUPERVISION
SUPERVISOR REFERENCE FORM**

PART B: TO BE COMPLETED BY SUPERVISOR

1. Professional credentials and/or licenses you hold _____

2. I have reviewed the applicant's statements regarding his/her clinical supervision 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

CLINICAL SUPERVISOR STATEMENT

I verify that I have acted as _____ 's clinical
(applicant)

supervisor during his/her clinical supervision work experience. In my opinion, the applicant has demonstrated the necessary skills to become certified as a LICDC.

Supervisor's Signature

Date



Masters Degree Content Areas

Theories of Counseling and Psychotherapy

This category may include courses which examine the theoretical foundations of counseling and psychotherapy which may include introductory or advanced survey courses as well as work in specific theoretical orientations such as Reality Therapy, Cognitive Therapy, Brief Psychotherapy, etc.

Counseling Procedures

This category may include courses which review specific techniques and skills used in counseling and psychotherapy and offer students opportunities to practice these skills through role play, exercises and/or work with live clients.

Group Process and Techniques

This category may include courses which utilize didactic and experiential methods to review the dynamics of therapy and/or task groups and the techniques which are utilized in facilitating such groups.

Relationship Therapy

This category may include courses which review the dynamics of intimate relationships which are typically found in couple and family systems and the techniques which are used in counseling and psychotherapy within these systems. Introductory courses providing an overview of this area as well as courses focused on specific theoretical and/or technical perspectives are appropriate.

Research Methods/Statistics

This category may include courses which review the basic components of research in the behavioral sciences including types of research, data collection, research design, basic elements and procedures used in statistical analysis, interpretive methods and qualitative analysis.

Fundamentals of Assessment and Diagnosis, including Measurement and Appraisal

This category may include courses which utilize didactic and experiential methods to review assessment and diagnostic procedures including interviewing, conducting a mental status examination and obtaining relevant data from collaborative sources and the procedures necessary for the appropriate utilization of individual and group instruments of measurement which may include neuropsychological tests, instruments evaluating intelligence and/or cognitive functioning, projective testing, instruments assessing personality and specialized instruments

evaluating particular disorders.

Psychopathology

This category may include courses which survey human psychopathology including the etiology and prognosis of mental, behavioral and emotional disorders. Such courses may review abnormal psychology, consider the historical development of the conceptualization of psychiatric disorders and/or focus on specific disorders or categories of disorder.

Human Development

This category may include courses which survey the process of human growth and development which may include reviews of the major theoretical perspectives on growth and development, life stage development, variables which affect development and processes which enhance or inhibit development.

Cultural Competence in Counseling

This category may include courses which offer opportunities for students to acquire knowledge, engage and explore their affective responses and develop basic awareness and skills necessary to appreciate the cultural diversity encountered in counseling and psychotherapy. Such courses may survey the major theoretical perspectives regarding cultural diversity in counseling, engage students in various experiential exercises to heighten cultural awareness and sensitivity, introduce students to the skills and techniques used in addressing culture therapeutically and providing students with the tools necessary to evaluate their appropriateness for engaging in cross-cultural therapy.

Ethics

This category may include courses which review the ethical foundations and parameters of professional standards and practice.

Supervised Professional Experience (internship, practicum, field experience)

Applicants will engage in a supervised professional experience which requires delivery of clinical services by the applicant under the supervision of an appropriately licensed or credentialed person. Such an experience may be completed as part of practicum/internship/field placement course work or off-campus field experiences. This may be counted towards the work experience requirement provided that it meets certification requirements.

Chemical Dependency Professionals Board – Master’s Degree Training Grid – Page 1 of 4

Courses may cover more than one content area. One semester hour equals 15 clock hours. One quarter hour equals 10 clock hours

CONTENT AREA	COURSE #	TITLE OF COURSE	BRIEF DESCRIPTION	CLASS HRS COVERING THIS AREA
Theories of Counseling & Psychotherapy 80 clock hours required	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
Counseling Procedures 40 clock hours required	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
Group Process & Techniques 40 clock hours required	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.

Chemical Dependency Professionals Board – Master’s Degree Training Grid – Page 2 of 4

Courses may cover more than one content area. One semester hour equals 15 clock hours. One quarter hour equals 10 clock hours

CONTENT AREA	COURSE #	TITLE OF COURSE	BRIEF DESCRIPTION	CLASS HRS COVERING THIS AREA
Relationship Therapy 40 clock hours required	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
Research Methods/Statistics 40 clock hours required	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
Fundamentals of Assessment & Diagnosis, including Measurement & Appraisal 80 clock hours required	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.

Chemical Dependency Professionals Board – Master’s Degree Training Grid – Page 3 of 4

Courses may cover more than one content area. One semester hour equals 15 clock hours. One quarter hour equals 10 clock hours

CONTENT AREA	COURSE #	TITLE OF COURSE	BRIEF DESCRIPTION	CLASS HRS COVERING THIS AREA
Psychopathology 40 clock hours required	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
Human Development 40 clock hours required	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
Cultural Competence in Counseling 40 clock hours required	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.

Chemical Dependency Professionals Board – Master’s Degree Training Grid – Page 4 of 4

Courses may cover more than one content area. One semester hour equals 15 clock hours. One quarter hour equals 10 clock hours

CONTENT AREA	COURSE #	TITLE OF COURSE	BRIEF DESCRIPTION	CLASS HRS COVERING THIS AREA
Ethics 30 clock hours required	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
Supervised Professional Experience (Practicum, Internship, etc) 400 contact hours required	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.