



## OCPS II CERTIFICATION 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 certification 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. AOD PRIMARY PREVENTION 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 AOD primary prevention work experience. A master's or doctorate degree in a behavioral science may substitute 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 120 practical experience hours in the five performance domains. 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 AOD primary prevention work experience below. To meet the Chemical Dependency Professionals Board work experience requirements, a minimum 50 percent of employment must have been spent planning, coordinating and/or delivering AOD primary prevention services. 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. Please enter all requested information for each institution you have attended. 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: _____
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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 Prevention Specialist Code of Ethics and I agree to abide by this code. (The Prevention Specialist Code of Ethics may be accessed at [www.ocdp.ohio.gov](http://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 OCPS 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](http://www.ocdp.ohio.gov)**  
**Email: [credentialing@ocdp.state.oh.us](mailto:credentialing@ocdp.state.oh.us)**

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



## PREVENTION SPECIALIST II FORMAL APPLICATION CHECKLIST

To facilitate the review of your OCPS 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 120 practical experience hours.
- \_\_\_\_\_ 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 a minimum of 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.