



## 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: _____
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 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**  
77 South High Street, 16<sup>th</sup> Floor, 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.



## AOD PRIMARY PREVENTION SPECIFIC EDUCATION/TRAINING

List in chronological order the 180 hours (OCPS I) or 270 hours (OCPS II) of education/training received in the required AOD Primary Prevention specific content areas. 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 attendance verification in the same order as listed unless the verification is a college transcript. Attach the transcript to the page where college courses are listed.

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 applies. The content areas are as follows with the minimum number of hours required for each:

	OCPS I	OCPS II
1 - Foundation in Chemical Use/Abuse/Dependency	20	30
2 - Foundation in Prevention of AOD Use/Abuse/Dependency	35	45
3- Ethics	6	6
4 - Planning & Evaluation	15	30
5 - Education & Skill Development	20	30
6 - Community Organization	15	25
7 - Public Policy & Environmental Change	10	25
8 - Professional Growth & Responsibility	15	20

Date of training	Title of training	Total hours	1	2	3	4	5	6	7	8
<b>TOTAL HOURS THIS PAGE</b>										

One semester hour = 15 clock hours

One quarter hour = 10 clock hours

**PLEASE COPY THIS PAGE AS NEEDED**

Last Updated 8/17/08



## PREVENTION SPECIFIC EDUCATION AREAS

### Foundation in Chemical Use/Abuse/Dependency

- Understanding the dynamics associated with the use of tobacco, alcohol, and other drugs (illicit, prescribed and over-the-counter). Does not include education/training on counseling techniques or assessment
- Causes of use/abuse/dependency
- ATOD related health and impairment problems
- Signs and symptoms of use/abuse/dependency

### Foundation in Prevention of AOD Use Abuse/Dependency

- Understanding the dynamics of ATOD prevention.
- Historical perspectives
- Theoretical approaches
- Current program models
- Current research

### Ethics for Prevention

### Planning & Evaluation

- Assess community needs
- Develop a prevention plan
- Select strategies by reviewing literature
- Apply sound prevention theory and practice when adapting or developing programs
- Identify financial sources
- Review evaluation options
- Conduct evaluation activities
- Document project activities and outcomes
- Refine the prevention program

### Education & Skill Development

- Connect prevention theory and practice
- Maintain program fidelity
- Deliver culturally competent education
- Employ appropriate training techniques
- Accurately educate consumers about ATOD abuse

- Create and disseminate prevention info
- Provide prevention info to professionals in related fields

#### Community Organization

- Define the community
- Identify key community members
- Engage community leaders
- Identify prevention needs and resources
- Develop a prevention plan
- Support the community by providing technical assistance
- Develop the capacity of the community

#### Public Policy & Environmental Change

- Identify formal and informal policy makers
- Plan policy initiatives
- Gain support of decision-makers
- Establish working relationship with media
- Conduct prevention awareness campaigns

#### Professional Growth & Responsibility

- Attain knowledge of current research-based prevention theory and practice
- Model collaboration by networking
- Practice ethical behavior by adhering to legal and professional standards
- Develop cultural competence



**CHEMICAL DEPENDENCY PROFESSIONALS BOARD  
SUPERVISOR REFERENCE FORM  
PREVENTION CERTIFICATION**

\_\_\_\_\_  
APPLICANT'S NAME

\_\_\_\_\_  
APPLICANT'S FILE #

**INSTRUCTIONS TO APPLICANT:**

1. 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: \_\_\_\_\_ OCPS I \_\_\_\_\_ OCPS II

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: \_\_\_\_\_

For **OCPS I**, I spend a minimum of 8 hours per week in ATOD primary prevention:

\_\_\_\_\_ YES \_\_\_\_\_ NO

For **OCPS II**, I spend a minimum of 20 hours per week in ATOD primary prevention:

\_\_\_\_\_ YES \_\_\_\_\_ NO

**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  
PREVENTION CERTIFICATION**

**INSTRUCTIONS TO SUPERVISOR:**

1. Complete Part B ONLY if the waiver of liability has been signed by the applicant.
2. 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 120 hours of practical experience completed during an applicant's prevention work experience. This requirement is based on the International Certification and Reciprocity Consortium (ICRC) International Standards.

This is actual experience in each performance domain. 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 community organization, 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 performance domain. These total 50 hours. The remaining 70 hours may be spent in any domains as determined necessary by the supervisor and applicant.

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

<b>PERFORMANCE DOMAIN</b>	<b>MINIMUM HOURS REQUIRED</b>	<b>HOURS COMPLETED</b>
<b>Planning and Evaluation</b>	10 hours	
<b>Education and Skill Development</b>	10 hours	
<b>Community Organization</b>	10 hours	
<b>Public Policy &amp; Environmental Change</b>	10 hours	
<b>Professional Growth &amp; Responsibility</b>	10 hours	

**TOTAL HOURS COMPLETED** \_\_\_\_\_ **(must be at least 120 hours)**

The supervisor signature verifies that the aboved named individual has completed the 120 hours of practical experience.

Applicant Name (Please Print) \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_