



# CONVERSION APPLICATION

## Ohio Certified Prevention Specialist II (OCPS II)

Name: \_\_\_\_\_ Certification # \_\_\_\_\_

Mailing Address:

Phone Numbers:

\_\_\_\_\_ Home: \_\_\_\_\_

\_\_\_\_\_ Work: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ No \_\_\_\_\_ Yes

### WORK EXPERIENCE (paid employment required)

Current Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employer's Mailing Address: \_\_\_\_\_

Length of Employment (Mo/Yr): \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Full-time? \_\_\_\_\_ Hrs/wk: \_\_\_\_\_ Note: 2000 hours = one year

Previous Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employer's Mailing Address: \_\_\_\_\_

Length of Employment (Mo/Yr): \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Full-time? \_\_\_\_\_ Hrs/wk: \_\_\_\_\_ Note: 2000 hours = one year

If more than two previous employers are needed to verify required work experience, please list these employers on a separate sheet. Job descriptions are required for each position and must be signed by your supervisor.

### FORMAL EDUCATION

Highest degree obtained \_\_\_\_\_ Month/Year graduated \_\_\_\_\_

College/University: \_\_\_\_\_

# PREVENTION RELATED EDUCATION

To obtain OCPS II certification, a total of 270 hours of education must be documented. Those hours previously submitted for your OCPS I Formal Application and subsequent recertifications can be used towards the 270 hours, but all must be documented below. One-half of the education must be within the last five years. Documentation of hours is required. Please submit copies of certificates of letters of attendance for each training. Please list trainings and submit certificates in chronological order.

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

- |  |   |
|--|---|
| 1 - Foundation in Chemical Use/Abuse/Dependency (30)           | 6 - Community Organization (25)               |
| 2 - Foundation in Prevention of ATOD Use/Abuse/Dependency (45) | 7 - Public Policy & Environmental Change (25) |
| 3- Ethics (6)  | 8 - Professional Growth & Responsibility (20) |
| 4 - Planning & Evaluation (30)                                 |   |
| 5 - Education & Skill Development (30)                         |   |

### NUMBER OF HOURS IN EACH CONTENT AREA

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 contact hours**  
**One quarter hour = 10 contact hours**

**APPLICANT STATEMENT FOR NOTARIZATION**

I hereby affirm 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 OCDP Board and its agents. I understand that falsification of any portion of this application may result in my being denied certification or in revocation of the same.

I further agree to hold the OCDP 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, attendant examination, examination grade and/or failure to issue me said certificate.

I understand that the \$35 check or money order submitted herewith represents the non-refundable OCPS II Conversion 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. #:



## CONVERSION APPLICATION CHECKLIST

To facilitate the review of your Conversion Application for Ohio Certified Prevention Specialist II (OCPS II) and to avoid unnecessary delays in processing, please utilize the following checklist when completing your Conversion Application.

All of the items on this checklist must be present for your application to be considered complete and for the review process to begin. Incomplete and inappropriately completed applications will result in a delay in the processing of your application.

Check each item when completed:

- \_\_\_\_\_ Application completed, signed and notarized
- \_\_\_\_\_ \$35.00 Fee enclosed, payable to: Treasurer, State of Ohio
- \_\_\_\_\_ Job description(s) signed by your supervisor to cover required work experience.
- \_\_\_\_\_ Verification of at least a bachelor's degree in a behavioral science.
- \_\_\_\_\_ Copy of Transcript(s)
- \_\_\_\_\_ 270 hours of education is required - **135 hours need to be within the last five years**
- \_\_\_\_\_ Copies of certificates for each training
- \_\_\_\_\_ Supervisor reference form(s) which covers required work experience:
  - \_\_\_\_\_ Bachelor's degree and 3 years (6,000 hours) paid work experience with 50% in prevention services.
  - \_\_\_\_\_ Master's degree or higher and 2 years (4,000 hours) paid work experience with 50% in prevention services.

Signed \_\_\_\_\_

Date \_\_\_\_\_

**Please return this checklist to the Department with your application.**

Chemical Dependency Professionals Board  
37 West Broad Street, Suite 785  
Columbus OH 43215

614-387-1110 phone

614-387-1109 fax

[www.ocdp.ohio.gov](http://www.ocdp.ohio.gov)