



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
TOTAL HOURS THIS PAGE										

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
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. #:



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

77 South High Street, 16th Floor

Columbus OH 43215

614-387-1110 phone

614-387-1109 fax

www.ocdp.ohio.gov