



Chemical Dependency Professionals Board
37 West Broad Street, Suite 785
Columbus, OH 43215
614-387-1110 614-387-1109 fax www.ocdp.ohio.gov

OCPS TRANSFER OF PRECEPTORSHIP FORM

This form must be fully completed and notarized before your new preceptor registration will be recorded by the Board. Incomplete forms will be returned to the applicant.

Part 1 - To Be Completed By Applicant

_____	_____
Applicant's Name	File #
_____	_____
Preferred Mailing Address:	Phone Number:
_____	_____
_____	Business
_____	_____
	Home

Applicant must read and sign the following statement:

I understand that the designated date for the commencement of this new preceptorship will be the date upon which this completed form is received by the Board. No additional fee is required with the return of this form.

I further understand that my previous preceptor will receive a reference form to complete for the period our relationship was active.

Finally, I understand that the acceptance of this additional registration shall not be interpreted as an indication of my successful completion of the eligibility or competency requirements for chemical dependency counselor certification. These areas will be addressed in detail during the formal application phase of certification. **MUST BE SIGNED IN THE PRESENCE OF A NOTARY.**

_____	_____
Signature of Applicant	Date

NOTARIZATION

All registrations require notarization.
Failure to do so will result in the Board returning this form to the applicant.

Subscribed and sworn before me this _____ day of _____, A.D. _____.

_____	_____
Signature of Notary	Expiration Date of Commission

I wish to register the following individual as my new preceptor (must have completed preceptor training)

Preceptor's Name

Certification #

Preferred Mailing Address:

Phone Number:

Business

Home

Part 2 - To Be Completed By New Preceptor

I have discussed the certification eligibility requirements with this candidate and believe that the candidate is ready for preceptorship. I, in turn, have agreed to be this candidate's preceptor.

By entering into this preceptor relationship, I understand that I have accepted responsibility to complete all tasks relevant to preceptorship as outlined in 4758-5-07 of the Ohio Administrative Code. This includes maintaining a log of the preceptor relationship, completing the verification of tasks form and completing a reference form for the applicant. I understand that failure to complete these tasks may be a violation of the Code of Ethics and may result in the forfeiture of my certification.

Signature of Preceptor

Date

Note: If for any reason you are unable to complete your responsibility as a preceptor, please notify the applicant you are precepting, as well as the Board, in writing.

PRECEPTOR CHARGES

The preceptor shall not charge a fee for the preceptorship.

OFFICE USE ONLY:

Date Received