



REGISTERED APPLICANT APPLICATION

This application is for those individuals who are beginning the prevention credentialing process. Please complete the following form and return to the OCDP Board with the \$10.00 application fee. Applicant and supervisor answers should be full and complete. Vague and/or incomplete applications will be returned, causing a delay in the application process. **Intentionally false and/or misleading statements may result in denial or revocation of certification.**

Please type or print legibly.

Applicant 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 Number _____ **Fax Numbers** _____

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. EMPLOYMENT INFORMATION

Employer Name: _____

Employer Address: _____

Employer Phone #: _____ **Fax #:** _____

III. SUPERVISOR STATEMENT

As supervisor of the above mentioned individual, I acknowledge my responsibility for monitoring and supporting this individual's progress. I verify that the candidate and I have developed a plan and time line to complete the prevention credentialing process.

_____ Supervisor Name	_____ Credential(s)
_____ Supervisor Signature	_____ Date

IV. APPLICANT STATEMENT FOR NOTARIZATION

I will formally apply for certification, within 4 years, when I meet the requirements for certification. I understand and agree that my work will be monitored and supported by my supervisor.

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 Code of Ethics, and I agree to abide by this code. (The Prevention Code of Ethics may be accessed at 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 certificate.

I understand that the \$10 check or money order submitted herewith represents the non-refundable RA Formal Application fee. (A non-refundable \$20 fee will be charged for any check not accepted for deposit by the bank.)

I affirm that my supervisor and I have developed my Professional Development Plan to follow in my pursuit of certification.

_____ Applicant Signature	_____ Date
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Subscribed and sworn before me this _____ day of _____, 20_____

_____ Notary Signature	_____ Date Commission Expires
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Please return completed application, Professional Development Plan and fee, to:

**Chemical Dependency Professionals Board
37 W. Broad St, Suite 785
Columbus, OH 43215**

(614) 387-1110 phone (614) 387-1109 fax www.ocdp.ohio.gov

All checks and money orders should be made payable to Treasurer, State of Ohio.

FOR OFFICE USE ONLY		
Date Received:	Fee Paid:	Check/M.O. #:



PROFESSIONAL DEVELOPMENT PLAN

TOWARD OCPS I/OCPS II CERTIFICATION

This Professional Development Plan is to be completed jointly by the supervisor and the applicant, and must be submitted with the RA application. Please note the Board does not approve the Professional Development Plan. Submission of this document demonstrates to the Board how the applicant will accomplish experience, education and knowledge requirements in the Foundations and Domains needed for OCPS certification.

This form is provided as an example format. Any format that provides the areas and a plan to accomplish the requirements in experience, education and knowledge, is acceptable.

AREA	EDUCATION PLAN	EXPERIENCE PLAN
Foundation in Chemical Use/Abuse/Dependency		
Foundation in Prevention of AOD Use/Abuse/Dependency		

AREA	EDUCATION PLAN	EXPERIENCE PLAN
Domain 1: Planning and Evaluation		
Domain 2: Education & Skill Development		
Domain 3: Community Organization		

AREA	EDUCATION PLAN	EXPERIENCE PLAN
Domain 4: Public and Organizational Policy		
Domain 5: Professional Growth and Responsibility		