



PREVENTION PROFESSIONALS RECERTIFICATION APPLICATION

This application must be returned to the Chemical Dependency Professionals Board. It will not be considered complete unless accompanied by the appropriate fee. Please give full and complete answers. Vague and/or incomplete applications will be returned, causing a delay in the recertification process. **Intentionally false and/or misleading statements may result in denial or revocation of recertification.**

Please type or print legibly.

For which credential are you applying? (Please check one.) RA **Lapse Date:** _____
 OCPS I
 OCPS II

Name (first, middle and last) _____ **File #** _____

Maiden Name (if applicable) _____ **SS#** _____

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 _____/_____-_____ **E-Mail Address** _____

Have you ever been convicted of a felony? Yes No

I. CURRENT CERTIFICATIONS

Are you certified as a CDCA, CCDC I, LCDC II, LCDC III or LICDC? Yes No

If yes, what is your Certification Number: _____ **Lapse Date:** _____

Are you a certified as a prevention professional in any other state? Yes No

If yes, please specify: _____

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Date Approved: _____

By: _____

II. TYPE OF RECERTIFICATION

For which type of recertification are you applying? (Please check one.)

- Recertification** (two-year)
- Senior Citizen** (two-year for retired counselors sixty years of age or older)
- Short-Term Inactive** (for prevention professionals unable to meet continuing education requirement)
- Long-Term Inactive** (for prevention professionals temporarily inactive in chemical dependency field)

III. RECERTIFICATION FEES

Please check the fee appropriate to your application. (A check or money order for this amount must be submitted with your application.)

- \$150** – Two-Year Recertification Fee
- \$100** – Two-Year Recertification Fee *if* also certified as a CCDC
- \$55** – Two-Year Senior Citizen Recertification Fee
- \$15** – Short-Term Inactive Recertification Fee
Include 1) a letter asking for “short term inactive status,” and 2) your original certificate.
- \$15** – Long-Term Inactive Recertification Fee
Include 1) a letter asking for “long-term inactive status,” and 2) your original certificate.

IV. EDUCATION AND TRAINING

List the courses/trainings you have attended within the recertification period. Following are related guidelines.

- Forty (40) hours of courses/trainings must be within the listed Foundations and Domains (see below).
- Ten (10) hours **must** be in #2 -- Foundation in Prevention of AOD Use/Abuse/Dependency.
- If using preceptor hours, list name of applicant and file # in title column – maximum 20 hours per recertification period, 10 hours per applicant. (Note: applicant must have submitted formal application.)
- Supportive documentation is not necessary.
- Courses/training in counseling techniques, treatment, etc., is not acceptable for the Prevention recertification.
- If a course/training title does not clearly indicate AOD Primary Prevention, an explanation of its connection to AOD Primary Prevention must be submitted.

Foundations and Domains

- | | |
|--|--|
| 1 - Foundation in Chemical Use/Abuse/Dependency | 5 - Community Organization |
| 2 - Foundation in Prevention of AOD Use/Abuse/Dependency | 6 - Public & Organizational Policy |
| 3 - Planning and Evaluation | 7 - Professional Growth and Responsibility |
| 4 - Education and Skill Development | |

PID # (if applicable)	Date/ Date(s)	Course/Training Title	Total Clock Hours	<u>Hours by Foundation and/or Domain</u>						
				Each number below refers to one of the above Foundations or Domains. Enter hours you attended under the appropriate number(s).						
				1	2	3	4	5	6	7
		<i>Sample Course/Training Title</i>	<i>6.0</i>	<i>2.0</i>	<i>2.0</i>		<i>2.0</i>			
TOTAL RCHs (Please total <u>each</u> of the following columns.)										

Note: one (1) quarter hour = 10 clock hours – one (1) semester hour = 15 clock hours.

V. APPLICANT AFFIRMATION

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 Chemical Dependency Professionals Board and its agents. I understand that falsification of any portion of this application may result in my being denied recertification or in revocation of same.

I hereby affirm that I have read the Prevention Code of Ethical Standards, and I agree to abide by this code. (The Prevention Code of Ethical Standards may be viewed by accessing www.ocdp.ohio.gov or by requesting a copy from the board office.

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 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 recertification.

I understand that the check or money order submitted herewith represents the non-refundable application fee appropriate to the type of recertification requested. (A non-refundable \$20 fee will be charged for any check not accepted for deposit by the bank.)

Applicant Signature

Date

Please return your application and fee to:
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

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

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<i>RECERTIFICATION</i>		
Date Received:	Fee Paid:	Check/M.O. #:

<i>SHORT-TERM INACTIVE STATUS: _____</i>		<i>LONG-TERM INACTIVE STATUS: _____</i>	
Date Received:	Fee Paid:	Check/M.O.#:	



PREVENTION RECERTIFICATION APPLICATION CHECKLIST

To facilitate the review of your recertification 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 recertification application to be complete and acceptable to the Board. Incomplete or inappropriately completed applications will be returned and will result in a delay of recertification and possible lapse of time between certification periods.

Check each item when completed:

- _____ Recertification status requested is identified.
- _____ Fee appropriate for the requested recertification status is enclosed.
Check/Money Order made payable to: Treasurer, State of Ohio
- _____ Forty hours of education, with the following minimum requirements:
 - _____ Ten (10) hours of education in Foundation in Prevention of AOD Use/Abuse/Dependency.
- _____ Training events submitted for recertification, the dates of those events and the number of hours requested for each event are listed on Page 3 of the application form (IT IS NOT NECESSARY TO SUBMIT ATTENDANCE CERTIFICATES WITH YOUR APPLICATION.)
- _____ Application is signed and dated.

SEE REVERSE SIDE FOR SHORT-TERM AND LONG-TERM INACTIVE STATUS

SHORT-TERM INACTIVE STATUS

Short-Term Inactive Status is an extension to acquire additional Recognized Clock Hours (RCHs) to meet recertification eligibility requirements. Under this policy, RAs and OCPSs may be granted up to a maximum of six (6) months extension. This status may be obtained by completing the following procedures.

1. A written request from the certified prevention specialist must be received at the Board thirty days prior to the certification lapse date and **MUST** be accompanied by:
 - a. Original certificate - do not send a copy of the certificate. In the event the prevention specialist's certificate has been lost or destroyed, a signed and notarized statement stating such must be submitted in place of the certificate. All certificates are the property of the Board and must be held by the Board during inactive status.
 - b. Completed Recertification Application.
 - c. \$15 holding fee.
2. While on Short-Term Inactive Status, the prevention specialist **MAY NOT** use the RA or OCPS designation.
3. To reactivate certification, the prevention specialist must:
 - a. Submit a written request for reactivation
 - b. Submit documentation of completion of the required education
 - c. Submit the \$150 recertification fee (\$100 if also LCDC certified)

LONG-TERM INACTIVE STATUS

Long-Term Inactive Status is an extension for those RAs or OCPSs who are temporarily leaving the field (i.e., returning to school, military service). Under this policy, RAs and OCPSs may be granted up to a maximum five (5) year extension. This status may be obtained by completing the following procedures.

1. A written request from the certified prevention specialist, with an explanation to justify the request, must be received at the Board thirty days prior to the certification lapse date and **MUST** be accompanied by:
 - a. Original certificate - do not send a copy of the certificate. In the event the prevention specialist's certificate has been lost or destroyed, a signed and notarized statement stating such must be submitted in place of the certificate. All certificates are the property of the Board and must be held by the Board during inactive status.
 - b. Completed Recertification Application.
 - c. \$15 holding fee.
2. While on Long-Term Inactive Status, the prevention specialist **MAY NOT** use the RA or OCPS designation.
3. To reactivate certification, the prevention specialist must:
 - a. Submit a written request for reactivation
 - b. Submit documentation of completion of the required education within the two (2) year period immediately prior to the request for reactivation.
 - c. Submit the \$150 recertification fee (\$100 if also LCDC certified)

4. Certificates not reactivated prior to the five-year maximum period will be terminated.

Last Updated 3/07