



**Ohio 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)

[credentialing@ocdp.state.oh.us](mailto:credentialing@ocdp.state.oh.us)

**TRANSMITTAL FORM**

\_\_\_\_\_  
Date Counselor Credentialed

\_\_\_\_\_  
Credential Number

To: OCDP Board

I. For use on my Credential as:

\_\_\_\_\_ Chemical Dependency Counselor Assistant

\_\_\_\_\_ Licensed Chemical Dependency Counselor II

\_\_\_\_\_ Licensed Chemical Dependency Counselor III

\_\_\_\_\_ Licensed Independent Chemical Dependency Counselor

and for use on the Ohio Registry, I request that my name be listed as follows (**NAME ONLY PLEASE**):

\_\_\_\_\_  
(Please type or print)

II. My preferred mailing address is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

X  
\_\_\_\_\_  
Counselor's Signature