

the misdemeanor/felony questionnaire.

TEMPORARY CREDENTIAL REQUEST FOR ACTIVE DUTY SERVICE MEMBER SPOUSES

Pursuant to Section 4743.04 of the Ohio Revised Code the Board may issue a temporary license or certificate to a person whose spouse is on active military duty in this state.

PLEASE TYPE OR PRINT LEGIBLY. Name (first, middle and last) SS # ____ - _____ **Date of Birth Current Home Address Current Work Address** (Please provide street number, street name, city, state and zip.) County _____ **Preferred Mailing Address** ☐ Home ☐ Work **Home Phone** _____ / ____ - ___ Work Phone ____ / ___ - ___ FAX # _____ - ____ **Mobile Phone** _____ / ____ - ____ E-Mail Address Would you like to receive correspondences regarding your application via email? _____ Yes ____ No I. PERSONAL HISTORY INFORMATION Have you ever had a professional license/certificate reprimanded, suspended, revoked, surrendered or in any other way sanctioned since obtaining your license? if yes, please attach a written explanation. Yes ___ No Have you been convicted of a misdemeanor or felony? If yes, please complete

Yes No

II. ELIGIBILITY INSTRUCTIONS AND CHECKLIST

Individuals must fulfill all eligibility requirements in order to receive a temporary license. Please include all of the following when submitting this application:

| Documentation of your spouse's active duty status in Ohio and documentation of the projected length of the active duty service |
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| A copy of the service member and spouse's marriage license |
| A copy of the license or certificate authorizing you to provide services in alcohol or other drug prevention or treatment in your home jurisdiction |
| A copy of the current scope of practice for the licensee or certificate from your home jurisdiction |
| A copy of the license or certificate requirements which were in place in your home jurisdiction at the time the license or certificate was issued. |
| Submit the application fee of \$25 with this application. |

Upon receipt of this application and all supporting documentation the Board shall determine an equivalent level of temporary certificate or license to issue. The Board will award a temporary certificate or license with an expiration date not to exceed the date the jurisdictional license or certificate expires.

If the temporary certificate or license expires prior to the completion of the active duty status, you may renew the temporary certificate or license with the Board by one of the following methods:

- Providing documentation that the jurisdictional license or certificate has been renewed, or
- Renewing the temporary certificate or license with the Board by providing:
 - The required number of continuing education hours. The Board will assess the amount of time the temporary certificate or license has been held and will pro-rate continuing education hours based on that time frame.
 - The temporary certificate or license renewal fee of \$50.

Individuals shall return the temporary certificate or license to the Board when the active duty status expires.

III. APPLICANT STATEMENT FOR NOTARIZATION

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 Chemical Dependency Code of Ethics, and I agree to abide by this code. (The Chemical Dependency Code of Ethics may be accessed at www.ocdp.ohio.gov or may be sent to an applicant 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 license.

I understand that the \$25 fee submitted herewith represents the non-refundable 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 check or money order: make payable to "Treasurer, State of Ohio."

If paying via credit card: complete the CREDIT CARD AUTHORIZATION form.

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. #: | | | |