



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: _____

FOR OFFICE USE ONLY

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.



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

INVENTORY DATA

The OCDP Board asks that the following be completed to establish background data on Chemical Dependency Professionals participating in the Ohio Credentialing Program. This information is used for statistical purposes only and is collected on a voluntary basis.

Name _____ Certification# _____

Age Group: _____ 18 to 29 _____ 30 to 39 _____ 40 to 49 _____ 50 to 59 _____ 60 and over

Gender: _____ Male _____ Female

Current Job Information:

Employer/Program Name: _____ Date of Employment: _____

Employer's Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Employer's Telephone: () _____ Fax: () _____

Salary Range: _____ \$50,000 or above _____ \$40,000 to \$49,000 _____ \$30,000 to \$39,000
_____ \$20,000 to \$29,000 _____ \$19,000 or below

Race/Ethnic Background:

_____ Caucasian or European descent _____ Asian _____ African American/Black

_____ Spanish origin or descent _____ Native Hawaiian _____ Pacific Islander

_____ Native American or Alaskan Native _____ Other (specify) _____

Education Background (*Identify highest level completed*):

_____ High/school Diploma (G.E.D.) _____ Trade School _____ Associate of Arts

_____ Bachelor's Degree _____ Master's Degree _____ Doctorate Degree

_____ Other (specify) _____

Additional information, suggestions or comments:

I understand the information developed in this inventory data form will be used only for the purpose noted.

Signature _____ Date _____