



GRANDPARENTING/CONVERSION APPLICATION

This application must be returned to the Chemical Dependency Professionals Board. It will not be considered complete unless notarized and accompanied by the appropriate fee and requested documentation. Applicant 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/licensure.**

Please Type or print legibly

For which credential are you applying? (Please check one.)

CDCA
 CCDC I
 LCDC II
 LCDC III
 LICDC

Applicant Name (first, middle, last) _____

SS# _____ **Certification #** _____

Preferred Mailing Address (Please provide street number, street name, city, state and zip)

County _____

Phone Numbers ____/____-____ (home) ____/____-____ (work)

Fax Number ____/____-____ **E-Mail Address** _____

Approved By: _____

Date Approved: _____

An individual seeking to be grandparented as a **Chemical Dependency Counselor Assistant (CDCA)** shall meet the following:

- Hold, on December 23, 2002, a certificate to practice as a Registered Candidate

An individual seeking to be grandparented as a **Certified Chemical Dependency Counselor I (CCDC I)** shall meet the following:

- Hold, on December 23, 2002, a certificate to practice as a Certified Chemical Dependency Counselor I (CCDC I)

An individual seeking to be grandparented as a **Licensed Chemical Dependency Counselor II (LCDC II)** shall meet all of the following:

- Hold, on December 23, 2002, a certificate to practice as a Certified Chemical Dependency Counselor II (CCDC II)

An individual seeking to be grandparented as a **Licensed Chemical Dependency Counselor III (LCDC III)** shall meet one of the following:

- Hold, on December 23, 2002, a certificate to practice as a Certified Chemical Dependency Counselor III or III-E (CCDC III or CCDC III-E)
- Have not less than forty clock hours of diagnostic training

OR

- Hold, on December 23, 2002, a certificate to practice as a Certified Chemical Dependency Counselor II (CCDC II)
- Have not less than forty clock hours of diagnostic training
- Hold a bachelor's degree in a behavioral science

An individual seeking to be grandparented as a **Licensed Independent Chemical Dependency Counselor (LICDC)** shall meet the following:

- Hold, on December 23, 2002, a certificate to practice as a Certified Chemical Dependency Counselor III or III-E (CCDC III or CCDC III-E)
- Hold a master's degree in a behavioral science

OR

- Hold, on December 23, 2002, a certificate to practice as a Certified Chemical Dependency Counselor III or III-E (CCDC III or CCDC III-E)
- Have held a CCDC I, II, III or III-E certificate for at least eight consecutive years
- Have not less than forty hours of diagnostic training

I. VERIFICATION OF CREDENTIAL(S)

Please indicate the certification level you held on December 23, 2002:

- RC
- CCDC I
- CCDC II
- CCDC III
- CCDC III-E
- No Credential Held

Please indicate the certification level you currently hold:

- RC
- CCDC I
- CCDC II
- CCDC III
- CCDC III-E
- Other, please specify _____

II. FORMAL ACADEMIC EDUCATION

Enter all requested information for each degree completed. Please list in order, starting with the most recently attended institution. **A transcript from each must be included with this application.**

Institution: _____

Dates Attended: From: _____ To: _____ Total Hours Earned: _____

Major / Core of Study: _____

Degree Awarded: _____ Date Degree Awarded: _____

Institution: _____

Dates Attended: From: _____ To: _____ Total Hours Earned: _____

Major / Core of Study: _____

Degree Awarded: _____ Date Degree Awarded: _____

Institution: _____

Dates Attended: From: _____ To: _____ Total Hours Earned: _____

Major / Core of Study: _____

Degree Awarded: _____ Date Degree Awarded: _____

