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

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**_____

I. GRANDPARENTING REQUIREMENTS

For which credential are you applying? (Please check one.) ___ RA ___ OCPS I ___ OCPS II

An individual seeking to be grandparented as a **Registered Applicant (RA)** shall meet the follow

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

An individual seeking to be grandparented as an **Ohio Certified Prevention Specialist I (OCPS I)** shall meet the following:

- Hold, on December 23, 2002, a certificate to practice as an Ohio Certified Prevention Specialist I (OCPS I)

An individual seeking to be grandparented as an **Ohio Certified Prevention Specialist II (OCPS II)** shall meet all of the following:

- Hold, on December 23, 2002, a certificate to practice as an Ohio Certified Prevention Specialist II (OCPS II)

II. VERIFICATION OF CREDENTIAL(S)

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

____ RA ____ OCPS I ____ OCSP II ____ No Credential Held

Please indicate the certification level you currently hold:

____ RA ____ OCPS I ____ OCPS II ____ Other, please specify _____

III. APPLICANT STATEMENT FOR NOTARIZATION

I hereby affirm that all information given herin 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 Prevention Specialist Code of Ethics, which was enclosed with this application, and I agree to abide by this code.

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 certificate/license.

I understand that the $25 check or money order submitted herewith represents the non-refundable Grandparenting 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

Please return completed application, including required documentation and fee, to:

Ohio Chemical Dependency Professionals Board
37 W. Broad St., Suite 785
Columbus, OH 43215

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

FOR OFFICE USE ONLY		
Date Received:	Fee Paid:	Check/M.O. #: