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/License#**_____

Age Group: _____ 18 to 29 _____ 30 to 39 _____40 to 49 _____50 to 59 _____ 60 and over

Gender: _____ Male _____ Female

Other licenses you currently hold (Please check all that apply):

___ SWA, LSW, LISW, LISW-S ___ LPC, LPCC, LPCC-S ___MFT, IMFT ___ MD, RN, LPN

___ Psychologist ___ Other (Please identify): _____

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 $49,999 _____ $30,000 to $39,999

_____ $20,000 to $29,999 _____ $19,999 or below

Race/Ethnic Background:

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

____ Native American or Alaskan Native ____ Hispanic/Spanish descent ____ Other _____

Education Background (*Identify highest level completed):*

____ High School Diploma (G.E.D.) ____ Associate of Arts ____ Bachelor's Degree

____ Master's Degree ____ Doctorate Degree ____ Other _____

Additional information, suggestions or comments:

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

Signature_____Date_____