



Ohio

**Chemical Dependency
Professionals Board**

EXAMINATION WAIVER FORM

Individuals may request a waiver of the examination requirements for licensure if:

- 1. The individual holds a valid license with another state of Ohio licensing board**
- 2. That license authorizes the individual to engage in a profession whose scope of practice includes chemical dependency counseling and diagnosing and treating chemical dependency conditions.**
- 3. To waive for the LICDC-CS, that license must also include authorization of clinical supervision of chemical dependency counseling and diagnosing and treating chemical dependency conditions.**

Individuals who qualify may request a waiver of the examination by completing this form and submitting it with a formal application for licensure.

PLEASE TYPE OR PRINT LEGIBLY.

Name: as it appears on license _____

License Type: _____

License #: _____ **Expiration Date:** _____

Licensing Board: _____

For which license are you applying? **LCDCIII** **LICDC** **LICDC-CS**

I verify that the above information is accurate and correct. I am requesting a waiver of my examination for licensure. I understand that by requesting this waiver I will not qualify for reciprocity of my license to other states/jurisdictions.

Signature

Date