



STATE OF OHIO
PREVENTION PROFESSIONALS
RENEWAL APPLICATION

PLEASE TYPE OR PRINT LEGIBLY.

Which credential are you renewing? RA OCPS I OCPS II

Current License/Certification Number: Lapse Date:

Name (first, middle and last)

Maiden Name (if applicable)

Date of Birth SS #

Current Home Address

Current Work Address

(Please provide street number, street name, city, state and zip.)

Blank lines for address input

County

Preferred Mailing Address Home Work

Home Phone Work Phone

Mobile Phone FAX #

E-Mail Address

Would you like to receive correspondences regarding your renewal application via email? Yes No

I. DEMOGRAPHICS

The questions in this section are collected on a voluntary basis and used to establish statistical data on professionals in this field. If you do not wish to answer these questions, simply proceed to Section II of the application.

Do you hold any of the following licenses? Yes No

SWA, LSW, LISW, LISW-S or LPC, LPCC, LPCC-S or MFT, IMFT or MD, RN, LPN or Psychologist or Psychiatrist

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 Hispanic/Spanish African American/Black Asian Other

II. EDUCATION

Please read the following information carefully before answering questions regarding completed education:

- Forty (40) continuing education hours are required for each two year renewal period. Transcripts and/or certificates of completion must be retained to verify completion of these hours should the Board select you for a random audit.
- You may only count continuing education completed within your two year renewal period. The start and end dates of your renewal period are listed on your renewal notification.
- If you are using college courses to meet renewal requirements one quarter hour is equal to ten clock hours and one semester hour is equal to fifteen clock hours.
- Submitting a false or fraudulent statement regarding completion of continuing education hours shall be grounds for disciplinary action up to a revocation of your certificate/license.
- If you do not have your continuing education hours met or if you do not wish to renew at this time you can place your certificate/license on inactive status by completing an Inactive Status Request Form.

1. Have you completed the required forty (40) hours of field related education within your two year renewal period? Yes No
2. Of the 40 hours of continuing education completed for this renewal period, a minimum of ten (10) hours must be in Foundation #2: Prevention of AOD Use/Abuse/Dependency. Have you completed the required ten (10) hours of specific education within your two year renewal period? Yes No

III. ETHICS

Individuals are required to report any criminal convictions or ethical discipline to the Board. Individuals are additionally required to read their code of ethics at the time of each two year renewal. Codes of Ethics can be viewed or downloaded on the Board's website at www.ocdp.ohio.gov by clicking on the "Ethics/Enforcement" link.

1. Have you been convicted of or pleaded guilty to a misdemeanor or felony since your last renewal? _____ Yes _____ No

If yes, please complete misdemeanor/felony questionnaire

2. Have you had a certificate or license disciplined by another certifying/licensing body since your last renewal? _____ Yes _____ No

If yes, provide a written statement with your renewal.

3. I hereby affirm that I have read the Prevention Specialists Code of Ethics (OAC 4758-8-03) and I agree to abide by this code. Yes No

IV. APPLICANT AFFIRMATION

I understand that submitting a false, fraudulent, or forged statement or document or omitting a material fact in obtaining certificate/licensure may be grounds for disciplinary action against my certificate/licensure. Under penalty of law, I hereby swear or affirm that the information I have provided in the application is complete and correct, and that I have complied with all criteria for applying for renewal.

I understand that the fee submitted herewith represents the non-refundable application fee appropriate to the type of renewal requested. (A non-refundable \$20 fee will be charged for any check not accepted for deposit by the bank.)

Applicant Signature

Date

V. PAYMENT

Your certificate/license is not considered renewed until your application and fee are received and processed by the Board. If your payment is returned for insufficient funds or any other reason, your renewal approval will be delayed and your certificate/license may lapse until all fees are paid.

TYPE OF RENEWAL & FEE

Please check the fee appropriate to your application. A fee for this amount must be submitted with your application. **All fees are non-refundable.**

For which type of renewal are you applying?

- Renewal** (two-year)
 - \$150** – Standard Renewal Fee
 - \$175** – Late Renewal Fee (*if* submitting less than 30 days prior to lapse date)
 - \$100** – Dual Renewal Fee (*if* also certified in Prevention)
 - \$125** – Late Dual Renewal Fee (*if* submitting less than 30 days prior to lapse date)
- Senior Citizen** (retired counselors 60 years or older AND working less than 20 hours per week)
 - \$55** – Senior Citizen Renewal Fee
 - \$80** – Late Senior Renewal Fee (*if* submitting less than 30 days prior to lapse date)

To apply for **short-term or long-term inactive status**, please complete an INACTIVE STATUS REQUEST form and submit with the \$15 filing fee.

If paying via check or money order: make payable to “**Treasurer, State of Ohio.**”

If paying via credit card: complete the CREDIT CARD AUTHORIZATION form.

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

Ohio Chemical Dependency Professionals Board
Vern Riffe Center ♦ 77 South High Street, 16th Floor ♦ Columbus, OH 43215
614/387-1110 (phone) 614/387-1109 (fax) www.ocdp.ohio.gov
Email: credentialing@ocdp.state.oh.us

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

Last Updated 05/11



Credit Card Payment Authorization Form

Please check one: Master Card Visa

Cardholder Name: _____

Address: _____

City, State, Zip: _____

Telephone #: _____

Email Address (for receipt) _____

Credit Card Number: _____

Expiration Date: _____

CVV2/CID Code # (Three digit number on back of card): _____

Payment Amount: _____

Payment for (exam, application,
etc): _____

Signature

Date

Credit Card Payments may be mailed, faxed, emailed, or phoned in to the Board office.

Ohio Chemical Dependency Professionals Board
77 South High Street, 16th Floor, Columbus, Ohio 43215
614/387-1110 (phone) 614/387-1109 (fax) www.ocdp.ohio.gov
Email: credentialing@ocdp.state.oh.us

This document will be shredded after your payment is processed.



Ohio Chemical Dependency Professionals Board

77 South High Street, 16th Floor

Columbus, OH 43215

614-387-1110 phone 614-387-1109 fax

www.ocdp.ohio.gov credentialing@ocdp.state.oh.us

INACTIVE STATUS REQUEST FORM

Individuals who hold a credential with the Board may place that credential on Inactive Status by completing the following form and submitting it to the Board along with the original certificate/license and the \$15 inactive status fee.

Applicant Name: _____

SSN: _____ **File #:** _____

Address: (Please provide street number, street name, city, state and zip.)

Phone Number: _____

Email Address: _____

Please indicate the certificate/license to be placed on inactive status:

___ CDCA ___ LCDC II ___ LCDC III ___ LICDC ___ OCPS I ___ OCPS II

Please indicate the requested type of inactive status:

___ Short-Term (up to 6 months) ___ Long-Term (up to 5 years)

The following items must be submitted with this request form:

- Original credential - do not send a copy of the credential. If the credential has been lost or destroyed, a signed and notarized statement stating such must be submitted for the credential.
- \$15 Inactive Status Request Fee in the form of a check or money order made payable to "Treasurer: State of Ohio". Visa and Mastercard payments are also accepted and require the completion of the Credit Card Authorization Form which can be obtained on the Board's website or by calling the Board office.

While on Inactive Status individuals **MAY NOT** use their credential in any capacity. To reactivate the credential, individuals must complete a renewal application and submit it to the Board with the appropriate renewal fee.



International Certificates from IC&RC

Since 1981, the International Certification & Reciprocity Consortium (IC&RC) has protected the public by establishing standards and facilitating reciprocity for the credentialing and licensing of addiction-related professionals. IC&RC represents 76 member boards, including 24 countries, 47 U.S. states and territories, all branches of the U.S. military, and five Native American territories.

IC&RC member boards use IC&RC standards and exams to credential prevention, treatment, and recovery professionals on a reciprocal level. While certification or license names may vary from one state or country to another, IC&RC's international credentials include:

- Internationally Certified Alcohol and Drug Counselor (ICADC)
- Internationally Certified Advanced Alcohol and Drug Counselor (ICAADC)
- Internationally Certified Clinical Supervisor (ICCS)
- Internationally Certified Prevention Specialist (ICPS)
- Internationally Certified Criminal Justice Addictions Professional (ICCJP)
- Internationally Certified Co-Occurring Disorders Professional (ICCDP)
- Internationally Certified Co-Occurring Disorders Professional Diplomate (ICCDPD)

Earning a reciprocal-level certification or license through an IC&RC member board entitles professionals to purchase an International Certificate to signify their international, reciprocal status. To purchase an International Certificate, professionals must first hold a valid and current reciprocal-level credential or license through an IC&RC member board before completing the International Certificate Order Form.

An International Certificate is directly tied to a professional's certification or license with an IC&RC member board. They are not free-standing certificates and International Certificates will be issued to professionals using the same expiration date used by his or her member board for the corresponding credential or license. Professionals should contact their IC&RC member board to determine the equivalency of their credential or license.

Certificates are \$25.00 USD each, and processing orders requires two to three weeks.



International Certificate Order Form

Name _____ Phone Number _____
Email Address _____

Credential Information

Receiving an IC&RC certificate is dependent on having a valid and current certification or license issued by an IC&RC member board. Please indicate the name of the certification or licensing entity that issued your certification or license. If you are unsure if your certification or license was issued by an IC&RC member board, see our member board directory: <http://www.internationalcredentialing.org/findboard>.

IC&RC Member Board _____

Credentials Held With Board (Please include name and acronym.) _____

Certificate Information

Please indicate the IC&RC certificate(s) you are requesting. IC&RC will not be able to determine the certificate equivalency. All information will be verified with your member board. Incomplete or inaccurate information may result in a delay of processing. If you are unsure of the IC&RC certificate you are eligible for, please contact your IC&RC member board. Contact information for all member boards can be found online at: <http://www.internationalcredentialing.org/findboard>.

Certificate(s) Requested ICADC ICAADC ICCS ICPS
 ICCJP ICCDP ICCDPD

Name As You Would Like It to Appear on Certificate _____
Certificate Sent to _____
Address _____
City _____
State/Province _____ Postal Code _____ Country _____

Payment Information

The cost is \$25.00 USD per certificate.

Method of Payment Check (Made Payable to IC&RC) Money Order (Made Payable to IC&RC)
 Credit Card (VISA or MasterCard Only)

Name On Card _____ 3-Digit Security Code _____
Credit Card Number _____ Expiration Date _____
Billing Address _____
(If Different from Above) _____
City _____
State/Province _____ Postal Code _____ Country _____

**Return form with payment to IC&RC by fax to +1 717-540-4458 or mail to
298 South Progress Avenue, Harrisburg, PA, 17109 USA.
Please allow 2-3 weeks for the processing and mailing of your certificate(s).**

T: +1 717.540.4457 • F: +1 717.540.4458 • InternationalCredentialing.org

Setting Global Standards for Addiction Professionals