



REGISTERED APPLICANT APPLICATION

This application is for those individuals who are beginning the prevention credentialing process. Please complete the following form and return to the OCDP Board with the \$10.00 application fee. Applicant and supervisor 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.**

Please type or print legibly.

Applicant Name (first, middle and last) _____

Maiden Name (if applicable) _____

Date of Birth _____ **SS #** _____ - _____ - _____

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

County _____

Home Phone _____ / _____ - _____ **FAX #** _____ / _____ - _____

Mobile Phone _____ / _____ - _____ **E-Mail Address** _____

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

I. PERSONAL HISTORY INFORMATION

Have you ever had a professional license/certificate reprimanded, suspended, revoked, surrendered or in any other way sanctioned? If yes, please attach a written explanation.

___ Yes ___ No

Have you ever been convicted of a felony? If yes, please complete the felony questionnaire

___ Yes ___ No

Do you currently live or work at least 51% of the time in Ohio?

___ Yes ___ No

II. EMPLOYMENT INFORMATION

Employer Name: _____

Employer Address: _____

Employer Phone #: _____ **Fax #:** _____

III. SUPERVISOR STATEMENT

As supervisor of the above mentioned individual, I acknowledge my responsibility for monitoring and supporting this individual's progress. I verify that the candidate and I have developed a plan and time line to complete the prevention credentialing process.

Supervisor Name (please print)

Credential(s)

Supervisor Signature

Date

IV. APPLICANT STATEMENT FOR NOTARIZATION

I will formally apply for certification, within 4 years, when I meet the requirements for certification. I understand and agree that my work will be monitored and supported by my supervisor.

I hereby affirm that I am of good moral character and that all information given herein 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 Code of Ethics, and I agree to abide by this code. (The Prevention Code of Ethics may be accessed at www.ocdp.ohio.gov or may be sent to an individual upon request.)

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.

I understand that the \$10 fee submitted herewith represents the non-refundable RA Formal Application fee. (A non-refundable \$20 fee will be charged for any check not accepted for deposit by the bank.)

I affirm that my supervisor and I have developed my Professional Development Plan to follow in my pursuit of certification.

Applicant Signature

Date

Subscribed and sworn before me this _____ day of _____, 20_____

Notary Signature

Date Commission Expires

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

Please return completed application, Professional Development Plan and fee, to:

**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**

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



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.



PROFESSIONAL DEVELOPMENT PLAN

TOWARD OCPS I/OCPS II CERTIFICATION

This Professional Development Plan is to be completed jointly by the supervisor and the applicant, and must be submitted with the RA application. Please note the Board does not approve the Professional Development Plan. Submission of this document demonstrates to the Board how the applicant will accomplish experience, education and knowledge requirements in the Foundations and Domains needed for OCPS certification.

This form is provided as an example format. Any format that provides the areas and a plan to accomplish the requirements in experience, education and knowledge, is acceptable.

AREA	EDUCATION PLAN	EXPERIENCE PLAN
Foundation in Chemical Use/Abuse/Dependency		
Foundation in Prevention of AOD Use/Abuse/Dependency		

AREA	EDUCATION PLAN	EXPERIENCE PLAN
Domain 1: Planning and Evaluation		
Domain 2: Education & Skill Development		
Domain 3: Community Organization		

AREA	EDUCATION PLAN	EXPERIENCE PLAN
Domain 4: Public and Organizational Policy		
Domain 5: Professional Growth and Responsibility		