



Ohio Chemical Dependency Professionals Board

77 South High Street, 16th Floor

Columbus, OH 43215

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credentialing@ocdp.state.oh.us

EXAMINATION ORDER FORM

Individuals must have an approved formal application on file with the Board before submitting the examination order form to schedule for an examination. Once this examination form is approved by the Board, applicants will have six months to schedule and complete the examination process.

Please complete the examination order form and mail it to the Board. The examination order form must be accompanied by a MONEY ORDER in the amount of \$150.00. Money orders should be made payable to: IC&RC. Checks and/or credit card payments will not be accepted.

Applicant Name: _____

SSN: _____ File #: _____

Address: _____

Phone Number: _____

Email Address: _____

(An email address must be provided to notify applicants of exam confirmation and further scheduling details. Applicants will receive email instructions on how to select a regional test site and exam date/time following submission of exam order form and fee.)

Exam Level:

___ Counselor (ADC) Exam ___ Prevention (PS) Exam ___ Supervisor (CS) Exam

For a complete listing of testing locations please visit our website at www.ocdp.ohio.gov and click on "Examination Process".