

# Candidate Case Study Submission

Arkansas Substance Abuse Certification Board Testing Procedure

Submitted by: \_\_\_\_\_

Applicant for Certification as an Alcohol and Drug Counselor

## Counselor's Statement

I, \_\_\_\_\_, do submit the attached written case study as being prepared in accordance with all applicable standards of the professional code of ethics and rules of confidentiality.

## Clinical Supervisor's Statement

I, \_\_\_\_\_, do submit this form as verification that the above applicant has adhered to the Arkansas Substance Abuse Certification Board written case study guidelines regarding mechanics, format and content and it is accepted as such.

\_\_\_\_\_  
Signature of Certification Applicant

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Clinical Supervisor

\_\_\_\_\_  
Date Signed