

## **ASACB Code of Ethics Signature Page for Counselors and Counselors in Training**

Name of Applicant \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Mailing Address \_\_\_\_\_

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Please read and review the **Ethics Code and Committee Process** [Section III] and **Standards of Practice** [Section IV]. All persons who wish to be registered and/or certified with the ASACB must sign and return this page to the ASACB office.

I have read and understand the Arkansas Substance Abuse Certification Board Code of Ethics (Revised February 2014) for board-registered Counselors-in-Training and credentialed Alcohol and Other Drug Abuse (AODA) counselors, clinical supervisors criminal justice professionals, co-occurring disorders professionals and Peer Recovery who are certified through the ASACB. I agree to abide by and adhere to the ethical principles outlined therein. I am aware of the procedure to use when filing an ethical complaint, and of the variety of disciplinary sanctions which may be issued. I am aware of the hearing and appeals process as outlined in the **Ethics Code and Committee Process** document (Revised February 2014) found in Section III. of this manual.

Name \_\_\_\_\_ Cert Number \_\_\_\_\_