



## International AOD Counselor Application Checklist

*This checklist is for applicants to verify for themselves that all documentation is included in their application. Applicants do not need to include this checklist with their application.*

The following should be included in your International Certification Application:

- \_\_\_\_\_ General information forms.
- \_\_\_\_\_ Employment forms including all documentation. These forms include a job description on agency letterhead signed and dated by applicant and supervisor. Attach an official transcript if using degree to waive work experience.
- \_\_\_\_\_ Supervisor form completed by your supervisor.
- \_\_\_\_\_ Education forms including all documentation. For CAADC applicants, attach a copy of your degree and an official transcript.
- \_\_\_\_\_ Assurance and Release signed and dated by applicant.
- \_\_\_\_\_ Code of Ethics signed, dated and notarized. (Page 16 only)
- \_\_\_\_\_ Application fee (checks made payable to ICB).

When the application is complete, send all materials to ICB, 401 East Sangamon Avenue, Springfield, IL 62702. **Applications will not be accepted by email.**

The application is a brief sketch of the professional's qualifications and is meant to be an assessment for review purposes. The manual is a recording and compilation of documents demonstrating competency in the knowledge and skills specifically related to the functions of an alcohol and other drug (AOD) counselor. This process includes validation from employers, supervisors and trainers.

1. Application forms must be neatly printed or typewritten.
2. The application must be stapled or paper clipped to keep the materials together. Application materials should not be put in binders, folders, report covers, etc.
3. The check or money order for the application fee of \$75.00 should be made payable to ICB. All fees are non-refundable. No refunds will be given.
4. Applicants should make a photocopy of the entire completed application, including all attachments for their records. The original copy of the application and copies of all other documents must be mailed to ICB.  
**(EMAILED applications will not be accepted!)**
5. Applications will be reviewed when they are received by ICB. Within 30 days, a letter will be emailed to applicants notifying them of any problems or missing parts of the application (see "*How to Apply*" on page 4 of the Model). A valid email address must be provided. Special considerations for lack of email will be considered on case by case basis.
6. Applicants have the responsibility to notify ICB, in writing, of any changes to their names, email addresses, work/home addresses and work/home telephone numbers.
7. Applicants who have not completed their applications after one year will be required to reapply and start over with the application process.
8. ICB reserves the right to request further information from employers and other persons listed on the application forms.
9. Send completed application to: ICB  
401 East Sangamon Avenue  
Springfield, IL 62702

# APPLICATION FOR INTERNATIONAL AOD COUNSELOR

PLEASE PRINT OR TYPE

Name _____ / /			
Last	First	Middle	Date of Birth
Home Address _____			
Apartment number (if applicable) _____			
City _____	State _____	Zip Code _____	
Telephone Number _____		Home Fax Number _____	
Email _____ (must have valid address – please print legibly)			
Employer Name _____			
Employer Address _____			
City _____	State _____	Zip Code _____	
Work Telephone _____	Extension _____	Work Fax _____	
Work Email Address _____			
Please Send Mail To: <input type="checkbox"/> Work <input type="checkbox"/> Home		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

<p>I am applying for certification as a (choose one):</p> <p><input type="checkbox"/> Certified Reciprocal Alcohol &amp; Other Drug Counselor (CRADC)</p> <p><input type="checkbox"/> Certified Supervisor Alcohol &amp; Other Drug Counselor (CSADC)</p> <p><input type="checkbox"/> Certified Advanced Alcohol &amp; Other Drug Counselor (CAADC)</p>	<p><input type="checkbox"/> Initial Certification</p> <p><input type="checkbox"/> Progress to another classification</p>
---	--

Please check one selection from each of the following areas:

**Ethnic Origin**

- Caucasian
- Black/African-American
- Native American or Alaskan Native
- Asian or Pacific Islander
- Hispanic
- Latino
- Other

**Highest Education Level Completed**

- High School Diploma or GED
- Vocational Certification
- Associate of Art
- Associate of Science
- Bachelor of Arts
- Bachelor of Science
- Master's Degree
- Doctorate

**Primary Work Setting**

- Mental Health
- Substance Use
- Developmental Disabilities
- Co-Occurring Disorder
- Inpatient Treatment
- Outpatient Treatment
- Crisis Intervention
- Case Management & Referral
- Residential
- Intensive Outpatient
- CILA
- Other \_\_\_\_\_

**Primary Population Served**

- Adults
- Adolescent
- Children
- Geriatrics
- Mixed

Please list any certifications, board registrations or licenses you hold:

---

---

---

Please note: ICB reserves the right to request further information from all employers and other persons listed on the application form. ICB and its review committees reserve the option to request an oral interview with the applicant. This information will be used strictly to evaluate the professional competence of a counselor and will be kept confidential by ICB. Further information may be requested in order to verify training, employment, etc. This information is not available to other persons without the written consent of the applicant.

# WORK EXPERIENCE FORM

**To be completed by supervisor:**

I hereby attest that the applicant is working in a position where a minimum of 51% of his/her time is spent providing direct, primary alcohol and drug counseling.

The applicant minimally has primary responsibility for providing alcohol and drug counseling in individual and/or group settings, preparing treatment plans, documenting client progress notes and is clinically supervised by an individual who is knowledgeable in AOD.

---

**Signature of Supervisor**

**Date**

---

**Signature of Applicant**

**Date**

---

***To determine eligibility of current and previous employment, the following must apply to and be clearly documented by applicant:***

You must be currently employed (within the last 4 years) in an alcohol and drug counseling position to be eligible for AOD Counseling Certification.

Acceptable employment is one in which the applicant is working in a position where a minimum of 51% of his/her time is spent providing direct, primary alcohol and drug counseling.

The applicant minimally must have primary responsibility for providing alcohol and drug counseling in individual and/or group settings, preparing treatment plans, documenting client progress notes and is clinically supervised by an individual who is knowledgeable in AOD.

**To be completed by applicant:**

Are you using an Associate's Degree to waive 1000 hours of work experience?

(CRADC only)

YES     NO

Are you using a BA/BS, MA/MS or Doctorate Degree to waive 2000 hours of work experience (CRADC only)?

YES     NO

If you are using an AA/AS, BA/BS, MA/MS or Doctorate (you may only use one), indicate what your degree is in, The degree must be in a Human Behavioral Science or relevant field with at least twelve (12) semester, fifteen (15) trimester or eighteen (18) quarter credit hours of AOD specific education:

---

**Please attach a copy of your degree and an original transcript to verify your major is in a behavioral science or relevant field and that you have AOD specific classes.**

Application # \_\_\_\_\_

**BE SURE TO ATTACH A JOB DESCRIPTION FOR POSITIONS YOU WISH TO RECEIVE WORK EXPERIENCE HOURS FOR. Job description must be on agency letterhead and dated and signed by applicant and supervisor. All relevant former employment must be verified by job descriptions from employers.**

Position/title \_\_\_\_\_

**Date Employed:**

From \_\_\_\_\_ To \_\_\_\_\_ hrs. of work per week \_\_\_\_\_  
mo./day/yr. mo./day/yr.

Place of Employment: \_\_\_\_\_

Signature of Immediate Supervisor: \_\_\_\_\_

Printed Name of Supervisor: \_\_\_\_\_

Title \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_

---

Position/title \_\_\_\_\_

**Date Employed:**

From \_\_\_\_\_ To \_\_\_\_\_ hrs. of work per week \_\_\_\_\_  
mo./day/yr. mo./day/yr.

Place of Employment: \_\_\_\_\_

Signature of Immediate Supervisor: \_\_\_\_\_

Printed Name of Supervisor: \_\_\_\_\_

Title \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_

Application # \_\_\_\_\_

Position/title \_\_\_\_\_

Date Employed:

From \_\_\_\_\_ To \_\_\_\_\_ hrs. of work per week \_\_\_\_\_  
mo./day/yr. mo./day/yr.

Place of Employment: \_\_\_\_\_

Signature of Immediate Supervisor: \_\_\_\_\_

Printed Name of Supervisor: \_\_\_\_\_

Title \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_

All answers are correct to the best of my knowledge. I authorize any educational institution or, other body having knowledge of my academic status, to release information to ICB regarding my status.

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

\_\_\_\_\_  
Date

# SUPERVISED PRACTICAL EXPERIENCE

**To Supervisor:** Please complete this form indicating applicant's supervised practical experience. This form is not intended to document applicant's total number of hours worked, but rather the hours of face-to-face supervision you have provided the applicant.

**Name of Applicant** \_\_\_\_\_  
(LAST) (FIRST) (MI)

Clinical supervision is the process of assuring the AOD counselor is provided monitoring and feedback to assure quality AOD services are being delivered.

Realizing that supervision may take place in a variety of settings and have many faces, ICB determined not to place limiting criteria on qualifications of a supervisor. Rather, it was determined that supervision should be as broadly defined as in the **Center for Substance Abuse Treatment/Substance Abuse and Mental Health Services Administration's Technical Assistance Publication Number 21**. TAP 21 defines supervision/clinical supervision as the administrative, clinical and evaluative process of monitoring, assessing and enhancing counselor performance. Supervised hours are understood to be face-to-face supervision. Hours that the counselor spends providing AOD counseling services are NOT counted as supervision.

**Each core skill area must have at least 10 hours documented but final total should be 300, unless you are applying for CRADC with a degree. Please refer to page 5 of the Illinois Model to determine the amount of hours that are required.**

<u>Core Skill Areas</u>	<u>Number of Hours Received in Each</u>
Screening .....	_____ (minimum 10)
Intake .....	_____ (minimum 10)
Orientation .....	_____ (minimum 10)
Assessment .....	_____ (minimum 10)
Treatment Planning .....	_____ (minimum 10)
Counseling .....	_____ (minimum 10)
Case Management .....	_____ (minimum 10)
Crisis Intervention .....	_____ (minimum 10)
Client Education .....	_____ (minimum 10)
Referral .....	_____ (minimum 10)
Reports and Record Keeping .....	_____ (minimum 10)
Consultation with other professionals in regard to client treatment/services .....	_____ (minimum 10)
Family & Community Education .....	_____ (minimum 10)
Professional & Ethical Responsibilities .....	_____ (minimum 10)
Other .....	_____

**Total number of hours of face-to-face supervision I have provided the applicant (#)** \_\_\_\_\_

**I hereby attest to the fact that I have provided the applicant face-to-face supervision for the number of hours noted above.**

\_\_\_\_\_  
**Signature of Supervisor**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name of Supervisor (Printed)**

\_\_\_\_\_  
**Title of Supervisor**

\_\_\_\_\_  
**Agency/Facility**



# EDUCATION FORM

Please reproduce this form as needed to record all RELEVANT education. Applicants are required to fill out the record of education below for any seminar, college course, conference, etc., you wish to receive education credit for. Be sure to attach documentation (i.e., transcripts, certificates) that supports completion. Lack of documentation will result in the inability to apply these hours towards certification.

### Record of Education

Dates Attended \_\_\_\_\_ Clock Hrs/Credit Hrs \_\_\_\_\_

Courses/Program Title \_\_\_\_\_

Sponsoring Organization \_\_\_\_\_

Briefly Describe the Content of Education \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Education Category (check one):**  
 AOD Specific     Ethics     Performance Domains     CSADC Supervision

### Record of Education

Dates Attended \_\_\_\_\_ Clock Hrs/Credit Hrs \_\_\_\_\_

Courses/Program Title \_\_\_\_\_

Sponsoring Organization \_\_\_\_\_

Briefly Describe the Content of Education \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Education Category (check one):**  
 AOD Specific     Ethics     Performance Domains     CSADC Supervision

**Note to CAADC applicants:**

In addition to completing this form to document training/education, attach a copy of your Master's degree and an official transcript to verify you meet the degree requirement.

# ASSURANCE AND RELEASE

The Illinois Certification Board, Inc. (ICB) may request further information from all persons listed on the application form, in order to verify training, employment, etc. This information is not available to others outside the certification process without the written consent of the applicant.

**“I give my permission for the ICB Board and staff to investigate my background as it relates to information contained in this application for certification as a Certified AOD Counselor. I understand that intentionally false or misleading statements, forged or altered CEU certificates or intentional omissions, shall result in denial or revocation of certification.”**

**“I consent to the release of information contained in my application file, and other pertinent data submitted to, or collected by the ICB, to officers, members and staff of the aforementioned board.”**

**“I further agree to hold the ICB, its officers, board members, employees and examiners free from civil liability for damages or complaints by reason of any action that is within the scope of the performance of their duties which they may take in connection with this application and subsequent examinations, and/or the failure of ICB to issue certification.”**

**“I certify that I have read and subscribe to ICB, Inc.’s Code of Ethics for Certified AOD Professionals and The Illinois Model for the International Certification of Alcohol and Other Drug Counselors.”**

**“I further certify that my AOD Counselor Certification classification and status is public knowledge.”**

**“I hereby affirm that the information provided on this form is correct and that I believe I am qualified for the certification for which I am applying.”**

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

\_\_\_\_\_  
Date

# ICB CODE OF ETHICS FOR CERTIFIED ALCOHOL AND OTHER DRUG PROFESSIONALS

## SECTION 1 – NAME AND PURPOSE.

1.01: Name: This Code shall be known and may be cited as the Illinois Certification Board (“ICB”) Code of Ethics for Certified Alcohol and Other Drug (AOD) Professionals (“Code of Ethics”), and it shall supersede any and all prior ethics codes.

1.02: Purpose: The ICB’s mission is to protect the public by providing competency based credentialing of human service professionals. An essential element of this protection is the requirement that ICB Credentialed Professionals (as defined in Section 2.05 of the Code of Procedure) maintain high ethical standards based on the principles of integrity, objectivity, professionalism, and respect. Consistent application of these standards protects the welfare and dignity of AOD clients, improves the outcome of Certified ICB Professional Services (as defined in Section 2.04 of the Code of Procedure), and advances the public standing of the AOD profession.

1.03: ICB Code of Procedure: The ICB Code of Procedure (“Code of Procedure”), supplements this Code of Ethics as described in Section 3, below.

## SECTION 2 – ETHICAL STANDARDS OF CONDUCT.

ICB Credentialed Professionals shall adhere to the following ethical standards as a condition of attaining and maintaining ICB Certification:

### 2.01: Personal Conduct Standards:

2.01.01: ICB Credentialed Professionals shall not abuse alcohol or legal drugs. This includes but is not limited to alcohol or drug related legal problems or any other alcohol or drug related conduct that reflects poorly on them or the AOD profession.

2.01.02: ICB Credentialed Professionals shall not possess or use illegal drugs. Cannabis Disclaimer: As to the legality of cannabis, although legalized under Illinois State law, nothing in the Code of Ethics or the Code of Procedure should be construed to legalize cannabis, which under federal law is referred to as “marihuana” and defined as “all parts of the plant Cannabis sativa L., whether growing or not; the seeds thereof; the resin extracted from any part of such plant; and every compound, manufacture, salt, derivative, mixture, or preparation of such plant, its seeds or resin”. Accordingly, marijuana (cannabis) remains illegal under all provisions of federal law, including but not limited to the Controlled Substances Act which is found at Title 21, Section 811 of the United States Code (U.S.C.) and under which makes any and all use, possession, growth, cultivation, sale, giving away or other distribution of marijuana illegal as a Type I drug, including any “medical marijuana” or medically prescribed cannabis.

2.01.03: ICB Credentialed Professionals who become aware that their personal use of alcohol or drugs may be problematic shall seek appropriate assistance and promptly notify the Illinois Certification’s Executive Director (“Director”) of that decision. ICB

Credentialed Professionals shall cease their involvement in the provision of Certified ICB Professional Services or any professional services rendered pursuant to any Credential, until any problematic use of alcohol or drugs is stable or resolved and does not affect their professional competency.

2.01.04: ICB Credentialed Professionals who become aware that serious personal issues may be problematic shall seek appropriate assistance and promptly notify the Director of that decision. Serious personal issues include but are not limited to physical or mental health concerns, process addictions, active legal charges, or any other issue that reflects poorly on them or the AOD profession. ICB Credentialed Professionals shall cease their involvement in the provision of Certified ICB Professional Services or any other professional services rendered pursuant to any Credential, until their personal issues are stable or resolved and do not affect their professional competency.

2.01.05: ICB Credentialed Professionals must inform the ICB if convicted of a felony, or any sexual or drug related offense, in any court of competent jurisdiction in this or any other state, district, or territory of the United States or of a foreign country and cease their direct provision of any AOD clinical or intervention services in Illinois for two (2) years from the date of conviction or any related subsequent incarceration, whichever occurred first. The provisions of this Section shall in no way be deemed to waive or limit any right or remedy of the ICB under any other provision of the Code of Ethics and/or the Procedure Code.

2.01.06: ICB Credentialed Professionals must inform the ICB if they have a suspension or revocation of driving privileges for any alcohol or drug related driving offense and cease their direct provision of DUI evaluation or Risk Education in Illinois for two (2) years from the date of conviction or DUI summary suspension. The provisions of this Section shall in no way be deemed to waive or limit any right or remedy of the ICB under any other provision of the Code of Ethics and/or the Procedure Code.

2.02: Professional Conduct Standards:

2.02.01: ICB Credentialed Professionals shall not misrepresent their professional qualifications.

2.02.02: ICB Credentialed Professionals shall submit accurate information to ICB for the purposes of obtaining and maintaining certification.

2.02.03: ICB Credentialed Professionals shall consider the welfare of the public and the profession when making recommendations for positions, advancement, and certification.

2.02.04: ICB Credentialed Professionals who teach AOD counseling or supervise AOD counselors shall discharge these responsibilities with the same regard for standards required for all Certified ICB Professional Services.

2.02.05: ICB Credentialed Professionals shall adhere to high standards and follow appropriate scientific procedures when conducting research, including but not limited to adhering to current evidence informed practice and be in compliance with Institutional Review Board requirements.

2.02.06: ICB Credentialed Professionals shall not take credit for professional substance abuse services, or any other professional services performed pursuant to any Certificate, that is done by others. This includes services done by other ICB Credentialed Professionals, non-certified staff, or interns.

2.02.07: ICB Credentialed Professionals shall not charge or collect a private fee or other form of compensation for services to a client who is charged for those same services through the counselor's organization. ICB Credentialed Professionals shall not engage in fee-splitting.

2.02.08: ICB Credentialed Professionals shall not use their relationship with their clients to promote personal gain, profit for an organization, or commercial enterprise of any kind for at least three (3) years after termination of services.

2.02.09: ICB Credentialed Professionals shall not engage in any sexual relationship, conduct, contact, exploitation, or harassment with clients, former clients, clients' partners, clients' relatives, or any active client of any Office as defined in Section 2.20 of the Code of Procedure. This prohibition is in effect during the time of any active counseling relationship and in perpetuity once the counseling relationship has ended.

2.02.10: ICB Credentialed Professionals shall not engage in any sexual relationship, conduct, contact, exploitation, or harassment with students or supervisees.

2.02.11: ICB Credentialed Professionals shall not practice or condone discrimination against clients, clients' partners, clients' family, or other professionals based on age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity, sexual orientation, marital status/partnership, language preference, social economic status, or any basis prescribed by law.

2.02.12: ICB Credentialed Professionals shall not knowingly solicit the clients of other colleagues/professionals or accept for treatment a person who is receiving services from another professional except by mutual agreement or after termination of services.

2.02.13: ICB Credentialed Professionals shall fully cooperate with all local, state, and federal authorities having jurisdiction in regard to routine onsite compliance inspections, investigations for cause, and requests for information.

2.02.14 ICB Credentialed Professionals may use social media (e.g. Facebook, Twitter, internet web pages or website, etc.) to advertise the offering of treatment, intervention, peer services, or any other activity associated with their credential. ICB Credentialed Professionals must ensure the following when using social media: (1) They do not use their relationship with their clients to promote personal gain, profit for an organization, or commercial enterprise of any kind for at least three (3) years after termination of services; (2) They do not knowingly solicit the clients of other colleagues/professionals; (3) They comply with all federal and state confidentiality standards; and (4) they do not enter into any inappropriate dual relationships with clients. This does not include peers services where use of social media is considered part of the program model. Notwithstanding the foregoing, nothing in this Section 2.02.14 shall sanction or approve any other improper advertising relating to the offering of treatment, intervention, peer services, or any other activity associated with their credential, or for any other purpose prohibited by (or that is otherwise in violation of) this Code of Ethics, the Code of

Procedure, or any other canon, rule or regulation promulgated by the Director from time-to-time. In addition, nothing in this Section 2.02.14 shall be construed to limit the scope of Section 2.02.15. 2.02.15: ICB Credentialed Professionals shall not engage in any other conduct or behavior which would bring the ICB and/or AOD profession into disrepute.

2.03: Confidentiality Standards:

2.03.01: ICB Credentialed Professionals shall be familiar and comply with all federal and state laws regarding confidentiality.

2.03.02: ICB Credentialed Professionals shall inform clients at the beginning of the counseling or other professional relationship, the limits of confidentiality laws and the foreseeable uses of information generated through counseling services.

2.03.03: ICB Credentialed Professionals shall maintain confidentiality unless it is in the best interest of the clients, the welfare of others, an obligation to society, or legal requirements demand that confidential material be revealed. ICB Credentialed Professionals, if applicable, shall consult with his or her Managing AOD Professional as defined in Section 2.19 of the Code of Procedure and/or legal counsel, when unsure if an exception to confidentiality exists.

2.03.04: ICB Credentialed Professionals shall only reveal essential information when circumstances require the disclosure of confidential material. To the extent possible, clients will be informed before confidential material is disclosed.

2.03.05: ICB Credentialed Professionals shall accurately document all AOD and other professional services and safely store client records according to state and federal confidentiality laws.

2.04 Service Delivery Standards:

2.04.01: ICB Credentialed Professionals must exercise clinical discretion when prescribing substances with abuse potential to clients with known or suspected substance related and addictive disorders.

2.04.02: ICB Credentialed Professionals shall not enter into counseling or other professional relationships with members of their own family, close friends, persons closely connected to them, or others whose welfare might be jeopardized by such a dual relationship.

2.04.03: ICB Credentialed Professionals shall not initiate a counseling or other professional relationship and shall terminate any active counseling relationship when the client no longer needs services, the client is not benefiting from services, other services are more appropriate, the client does not pay agreed upon fees, or the Certified AOD Professional has personal issues preventing the effective delivery of services. ICB Credentialed Professionals shall be knowledgeable about referral resources and suggest appropriate alternatives. If clients decline the suggested referrals, ICB Credentialed Professionals are not obligated to continue the relationship.

2.04.04: ICB Credentialed Professionals shall not abandon or neglect clients in treatment and/or other professional services and shall otherwise assist in making appropriate arrangements for the continuation of treatment, if appropriate, following termination of treatment.

2.04.05: ICB Credentialed Professionals shall ensure that services are offered in a respectful environment that meets all local, state, and Federal safety and accessibility requirements.

2.04.06: ICB Credentialed Professionals shall not physically, emotionally, financially or verbally abuse their clients.

2.04.07: ICB Credentialed Professionals shall not offer services outside their range of competency.

2.04.08: ICB Credentialed Professionals shall not offer services outside the boundaries of the AOD profession or similar profession, unless otherwise qualified through education, training, licensure, or certification.

2.05: Ethics Violation Reporting Standards:

2.05.01: ICB Credentialed Professionals with personal knowledge of another Certified AOD Professional's possible violation of ethical standards shall attempt to clarify or rectify the situation if practical. If such attempts fail and they possess information that raises doubts as to whether another Certified AOD Professional is acting in an ethical manner, ICB Credentialed Professionals shall promptly submit an ethics Complaint to the ICB Executive Director.

2.05.02: ICB Credentialed Professionals shall not initiate, participate in, or encourage the filings of ethics complaints that are frivolous or intended to harm a Certified AOD Professional rather than to protect clients or the public.

2.05.03: ICB Credentialed Professionals shall fully and completely cooperate with investigations, proceedings, and requirements of any ICB ethics investigation or any other investigations of any ethics committees of other duly constituted associations or boards having jurisdiction over matters under this Code of Ethics or the Code of Procedure.

**SECTION 3 – VIOLATIONS-CODE OF PROCEDURE/OTHER CODES, ETC.**

3.01: Code of Procedure: All alleged violations of this Code of Ethics and any complaints filed there under shall be administered pursuant to the Code of Procedure, as amended from time-to-time.

3.02: Conflict: The provisions of the Code of Procedure (including any definitions therein) are incorporated into this Code of Ethics by reference. The intent of the Code of Procedure is to supplement this Code of Ethics and in the event of any direct conflict between the terms of this Code of Ethics with any provisions of the Code of Procedure, the provisions of this Code of Ethics shall control.

---

**PERSONAL STATEMENT**

As a Certified Alcohol and Other Drug Counselor, I shall strive at all times to maintain the highest standards in all services I provide, valuing competency and integrity over expediency or ability, providing services only in those areas where my training and experience meet established standards. I shall always recognize that I have assumed a heavy social and vocational responsibility due to the intimate nature of my work, which touches the lives of other human beings.

My signature below indicates my agreement with and willingness to abide by this Code of Ethics.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Notary** \_\_\_\_\_ **Date** \_\_\_\_\_

**Notary Stamp** \_\_\_\_\_

\*The notary stamp must be on this page otherwise it will not be accepted\*

**Please Note: Applicants need only to submit this page of the Code of Ethics, not the entire Code of Ethics, Pages 11-15 should be kept for your personal file.**