

CODE OF ETHICS



1. The recovery of all persons shall be promoted and assisted by providing the highest quality of care.
2. An objective, professional relationship shall be maintained at all times with all clients and clients' families or significant others. A strict policy of non-discrimination because of race, color, religion, age, gender, national ancestry, sexual orientation or economic status shall be adhered to.
3. The basic human rights of the client shall be respected, including the clients' right to make their own decisions and to participate in any plans made in their interest.
4. When it is in the clients' best interest to refer or to release them to another programme, such referral or transfer shall be effected expeditiously.
5. The legal requirements for confidentiality of all records, materials, and communications regarding clients, their families, and significant others, shall be followed. In the absence of such laws, the client shall be informed of situations that require information that identifies the client as a drug abuser to be passed to entities outside the programme.
6. Continuing education and training for professional growth shall be maintained.
7. Respect for the rights and views of colleagues and members of other professions and other programs shall be demonstrated.
8. The certified individual shall give precedence to professional responsibility over personal interests.

"I hereby certify that I have read the Code of Ethics and understand that any violation(s) of the Code constitutes grounds for reprimand, suspension, or revocation. As an applicant, I understand that a violation committed after the date below may result in the denial or revocation of my application."

Applicant's Name		Date	
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Applicant's Signature	
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APPLICATION FOR CERTIFIED SUBSTANCE ABUSE COUNSELLOR (CSAC)

STATEMENT OF NO ABUSE

Your signature below indicates that you have read and agreed to the following:

1. "I certify that I have not abused substance or alcohol for a period of three (3) years prior to the date indicated below."
2. "I understand that falsification of this Statement may result in the revocation of my application for certification."
3. "I understand that if I am unable to sign this Statement today, my application will be kept in file and will not be approved by APSAC until this requirement is met."
4. "I understand that I am not eligible to begin the examination process until this requirement is met."

Applicant's Name		Date	
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Applicant's Signature	
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