



Arkansas Department of Health  
**STATE BOARD OF EXAMINERS OF  
ALCOHOLISM AND DRUG ABUSE COUNSELORS**  
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## **CODE OF ETHICS**

## **SIGNATURE PAGE**

**As a licensed or certified Alcoholism and Drug Abuse Counselor I understand that I must adhere to the Code of Ethics adopted by the Board of Examiners of Alcoholism and Drug Abuse Counselors. By my signature, I hereby acknowledge that I have read and understand the Code of Ethics and agree to abide by the prescribed conduct outlined in this document.**

\_\_\_\_\_  
**Counselor - Printed Name**

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

\_\_\_\_\_  
**Counselor Signature**

\_\_\_\_\_  
**Witness - Printed Name**

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

\_\_\_\_\_  
**Witness Signature**