



**STATE BOARD OF EXAMINERS OF ALCOHOLISM
AND DRUG ABUSE COUNSELORS**

Arkansas Department of Health
4815 W Markham, Box 42A
Little Rock, AR 72205

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 set forth in this document.

Counselor - Printed Name

Date

Counselor Signature

Witness - Printed Name

Date

Witness Signature