

Assurance and Adherence to Ethics and Release of Information

PLEASE READ CAREFULLY

I certify that all information provided in this application is accurate and complete. I understand that untrue or incomplete information may result in being disqualified from becoming certified or in having my certification revoked.

I authorize the South Carolina Association of Alcoholism and Drug Abuse Counselors Board to conduct any necessary investigations and to contact current or former employers to verify employment or relevant work experience.

I understand that the South Carolina Association of Alcoholism and Drug Abuse Counselors Certification Commission retains ownership of all certification certificates and agree to return my certificate(s) upon request.

I recognize and understand that the members of the SCAADAC Certification Commission are the sole and only judges of the qualifications required for receiving or maintaining certification. I further recognize that the SCAADAC Certification Commission reserves the right to modify or alter at any time the standards, qualifications, rules, policies, or procedures in connection with the certification process.

I agree to abide by the *South Carolina Association of Alcoholism and Drug Abuse Counselors Code of Ethics* and understand that any violation may result in disqualification from becoming certified or having my certification revoked.

Signature of Applicant

Date