

**Assurance 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; to contact current or former employers to verify employment or relevant work experience; and to release information about my certification status to my employer.

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.

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 the above statements and release of information regarding my certification application.**

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Signature of Applicant

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Date