



STATE BOARD OF EXAMINERS OF ALCOHOLISM  
AND DRUG ABUSE COUNSELORS  
P.O. BOX 17118  
JONESBORO, ARKANSAS 72403

## **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**