

Arkansas Substance Abuse Certification Board  
Evergreen Place  
1100 N. University Ave. Suite 35  
Little Rock, AR 72207

**ASACB Code of Ethics Signature Page for Peer Recovery Coach**

Name of Applicant-----Daytime Phone-----

Mailing Address-----

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Please read and review the Ethics Code and Committee Process [Section III] and Standards of Practice [Section IV]. All persons who wish to be registered and/or certified with the ASACB must sign and return this page to the ASACB office.

I have read and understand the Arkansas Substance Abuse Certification Board Code of Ethics (Revised August 2011) for board-registered peer recovery coaches who are certified through the ASACB. I agree to abide by and adhere to the ethical principles outlined therein. I am aware of the procedure to use when filing an ethical complaint, and of the variety of disciplinary sanctions which may be issued. I am aware of the hearing and appeals process as outlined in the Ethics Code and Committee Process document (Revised August 2011) found in Section III of this manual.

Name-----Certificate Number-----