

Review Checklist for Peer Recovery Grandfathering

(ADC/AADC's only)

Please fill out this page and submit to the ASACB office. Once received, we will process your request, verify your credential and mail your Peer Recovery Coach certificate to you.

Name of Applicant: _____ Date: _____

Mailing Address: _____ Daytime Phone: _____

1. _____ **Certified as ADC or AADC**; Certification # _____ or;
2. _____ **Peer Code of Ethics form (On 2nd page)**
The applicant must sign a statement that they understand and agree to comply with the ASACB code of ethics.
3. _____ **Fees (\$100.00)**
Fees must be received via the U.S. Postal System payable by personal check, traveler's check, cashier's check or money order. Cancellations must be addressed with the testing center 5 (five) days prior to the date of testing. Failure to provide proper notification will result in forfeiture of testing fee(s).

REVIEWED BY:

Approved _____ Disapproved _____ Education Committee Initials: _____ Date _____

Approved _____ Disapproved _____ Education Committee Initials: _____ Date _____

Payment Received _____ -for _____ Exam on _____ Date _____ Receipt Number _____

Mail to:

ASACB

1100 N. University Ave. Ste. 35

Little Rock, AR. 72207

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-----

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-----