



## INITIAL CIT REGISTRATION APPLICATION

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Middle or Maiden

Address: \_\_\_\_\_  
Street City State Zip

Home Telephone : ( ) \_\_\_\_\_ Driver's License # \_\_\_\_\_

Social Security # \_\_\_\_\_ Business Telephone : ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

e-mail: \_\_\_\_\_ (required)

Place of Employment: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address : \_\_\_\_\_  
Street City State Zip

**EDUCATIONAL PROFILE:** Please check the appropriate educational designation.

GED-----High School Diploma-----Associate Degree-----Bachelor Degree---  
Master degree-----Doctorate Degree----- If you hold a degree, please list  
the type of degree, the area of study in which it was earned, the college  
or university attended, and the dates attended. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROFESSIONAL AFFILIATIONS:** Do you hold, or have you ever held  
licensure, certification, or registration in any other state? If yes, complete  
the following.

Title of Credential	State Issued	Date Issued	Current Status
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**PROFESSIONAL EXPERIENCE:**(Begin with current employer.)

Facility Name \_\_\_\_\_ Name Of Supervisor \_\_\_\_\_

Facility Address \_\_\_\_\_

Street City State Zip

Business Telephone : ( ) \_\_\_\_\_ Ext: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Major Job Duties: \_\_\_\_\_  
\_\_\_\_\_

Dates of Employment: \_\_\_\_\_  
Month/Year To Month/Year

Revised February 2014

[www.asacb.com](http://www.asacb.com)



## Statement of Disclosure

Name:-----Date Completed:-----  
Mailing Address:-----  
----- Daytime Phone:( )-----

YES\_\_NO\_\_(1) Has your license/certification to practice in any location ever been stipulated, conditioned, denied, restricted, suspended, reduced, terminated, not renewed, or placed on probation by a licensing/certifying agency? **If yes, please provide details including dates and current status.**

YES\_\_NO\_\_(2) Have you ever had any professional disciplinary action taken toward you? **If yes, please provide details including dates and current status.**

YES\_\_NO\_\_(3) Have you ever voluntarily relinquished your professional license/certification as an alternative to disciplinary action or during an investigation into your professional competence or conduct? **If yes, please provide details including dates and current status.**

YES\_\_NO\_\_(4) Have you had a professional liability case(s) brought and /or sustained against you in the past five years? **If yes, please provide details including dates and current status.**

YES\_\_NO\_\_(5) Do you have any misdemeanor or felony charges pending, or have you ever been convicted of a misdemeanor or felony, other than a minor traffic violation? **If yes, please give details including dates and current status or disposition of charges.**

YES\_\_NO\_\_(6) Have you had any complaints in the past five years of your engaging in the 'sexual exploitation' of a client or former client? **If yes, please provide details including dates and current status.**

YES\_\_NO\_\_(7) Have you ever had a non-professional relationship with a client or former client that was sexual in nature or otherwise in violation of any ethical rules of your profession or your license/certification? **If yes, please provide details including dates and current status.**

YES\_\_NO\_\_(8) Do you/your organization have a written policy regarding sexual exploitation of clients?

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

## Statement of Disclosure

Name: -----Date Completed:-----

YES\_\_NO\_\_(9) Does your organization have a written policy to check the past employment history of applicants?

YES\_\_NO\_\_(10) Have you ever been investigated for any acts alleging dishonesty, fraud, deceit or misrepresentation? **If yes, please provide details including dates and current status.**

YES\_\_NO\_\_(11) Has a professional liability carrier ever refused to cover you or canceled your coverage?

YES\_\_NO\_\_(12) Have you ever had action taken against you by any third party payor, insurance company or H.M.O including, but not limited to Medicare, Medicaid), for inappropriate utilization of medical resources?

I hereby agree that the above statements are true.

Signature-----Date Signed-----

Arkansas Substance Abuse Certification Board

Release of Information

Name of Applicant-----Date Completed-----  
Mailing Address-----  
-----Daytime Phone-----  
Clinical Supervisor-----Daytime Phone-----  
Name of Agency-----Daytime Phone-----

Dear Supervisor:

I am in the process of seeking counselor certification through the Arkansas Substance Abuse Certification Board (ASACB). I have identified you as someone in a position to verify my standard of professional performance.

I hereby give the ASACB permission to contact the persons and institutions I have listed above. I understand that this application does not guarantee certification.

I agree to hold the ASACB, its members, committees, staff and agents free from any civil liability or damage by reason of any action that is within their scope, or that arises from the performance of their duties in determining my certification or any other activity as provided by law or regulation.

This statement is designed to release you from any liability concerning information you may provide regarding my professional performance.

Applicant's Signature-----Date Signed-----

Supervisor's Signature-----Date Signed-----

Witness Signature-----Date Signed-----

## ASACB Code of Ethics Signature Page for Counselors and Counselors in Training

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 February 2014) for board-registered Counselors-in-Training and credentialed Alcohol and Other Drug Abuse (AODA) counselors, clinical supervisors criminal justice professionals, co-occurring disorders professionals and Peer Recovery 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 February 2014) found in Section III. of this manual.

Name-----Cert Number-----

Arkansas Substance Abuse Certification Board

**ARKANSAS STATE POLICE**

**ASP-122**

**# 1 STATE POLICE PLAZA DRIVE**

**LITTLE ROCK, AR 72209**

**(501) 618-8500**

**Identification Bureau Individual Record Check Form**

- Required:
1. This form **properly completed and notarized.**
  2. **\$ 25.00 check or money order** payable to "Arkansas State Police".
  3. **Stamped envelope addressed to:**  
ASACB  
Evergreen Place  
1100 N. University Ave. Ste. 35  
Little Rock, AR 72207
  4. **Mail 1-3 to the State Police at the ASP-122 address**

Full Name: \_\_\_\_\_

First Middle Last Name / Maiden/Other

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

State

Mailing

Address: \_\_\_\_\_

Street

City

State

Zip

**I GIVE MY CONSENT FOR THE ARKANSAS STATE POLICE TO CONDUCT A CRIMINAL RECORD SEARCH ON MYSELF AND RELEASE ANY RESULTS TO THE FOLLOWING PERSON OR ENTITY.**

Name: Arkansas Substance Abuse Certification Board

Mailing Address: ASACB, Evergreen Place  
1100 N. University Ave. Ste. 35  
Little Rock, AR 72207  
(501) 749-4040

Signature \_\_\_\_\_ Date \_\_\_\_\_

First Middle Last Name Month Day Year

**REQUESTS WILL NOT BE PROCESSED WITHOUT A NOTARY STAMP**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn before me a Notary Public in and for the county and state aforesaid, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Notary Public Signature \_\_\_\_\_

Revised February 2014

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