

# Review Checklist for ADC/AADC Grandfathering

## (CCDP-B/CCDP-D'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 ADC or AADC certificate to you.

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

1. \_\_\_\_\_ **Certified as CCDP-B** for ADC or **CCDP-D** for AADC; Certification # \_\_\_\_\_
2. \_\_\_\_\_ **ADC/AADC Code of Ethics form**  
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.

**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**

## **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 \_\_\_\_\_