

ALCOHOL/DRUG COUNSELOR SUPERVISOR CCS

I hereby affirm that...

A. My primary goal is effective honest management toward recovery for the clients, their family, and community education, that I have a total commitment to provide the highest quality care for those who seek professional services in my agency.

B. I shall evidence a genuine interest in all clients and families and staff and do hereby dedicate myself to the best interest of all seeking services in the giving agency.

C. I shall maintain at all times an objective, non-possessive, professional relationship with all staff and their clients.

D. I shall recognize the need for consultation for agency, staff, community, problematic issues.

E. I shall adhere to all the professional rules of confidentiality, of all maintenance and distributions of records, material and knowledge concerning the client of agency and respect the integrity and protect the welfare of all persons of groups with whom I am working.

F. I shall not in any way discriminate between any clients, families, fellow professionals based on race, religion, age, sex, handicaps, national ancestry, sexual orientation or economic conditions.

G. I shall respect the rights and views of the Board of Directors, of staff and professionals.

That I shall advocate changes in public policy and legislation to afford opportunity and choice for all diseased chemical abusers endangering themselves and others.

Adopted by the Oklahoma Alcoholism and Drug Abuse Counselor Certification Board.

I hereby certify that all Supervisor application and related material to the best of my knowledge are true. I hereby release from liability, ODAPCCB, the organization, all representative Board members and agents of the Boards from liability for their acts performed in good faith and with out malice in connection with reviewing, evaluation, processing, and monitoring my application, my testing, my certification, and recertification or in any condition with my participation with ODPACCB and ODAPCA.

Print Name

Signature

Date

If you have any questions about any portion of this please call the ODAPCCB office for assistance at (405) 793-1545.

Be sure to make a copy of this and all materials sent with it for your permanent record and as a back-up in case it should get lost or damaged in the mail.

H. I shall maintain respect for institutional policies and management functions within agencies and institutions, but will take the initiative toward improving such polices when it will better serve the interest of the clients, the agency and the community.

I. I have a commitment to access my own personal strengths, limitation, biases, and effectiveness on a continuing basis; that I shall continuously strive for self-improvement; that I have a personal responsibility for professional growth through further education and training.

J. I have an individual responsibility to espouse objectivity and integrity; responsibility of uphold legal and moral turpitude and ethical professional codes, responsibility for my own conduct in all areas, including, but not limited to, personal behavioral, the use of mood altering drugs, and community activities. I am further willing to provide, respond to, and support requests by the credentialing body for professional disclosure of legal and ethical behavior and records relating, impinging, affecting the Alcohol/Drug professional and my professional status.

K. I shall cooperate with duly constituted professional Ethics Boards and promptly supply necessary information unless constrained by demands of **specialized** confidentiality rules.

L. That I have responsibility to myself, the community and peer associates, and agency clients to maintain my physical and mental well being and shall adopt a personal and professional stance which promotes the well being of all human beings.

I have read and subscribe to the Oklahoma Supervisor (CCS) Certification Board Program Code of Ethics.

Print Name

Signature

Date

I agree to the Authority of the Oklahoma Drug/Alcohol Professional Counselor Certification Board, in regards to my Certification as an Alcohol/Drug Counselor Supervisor and will surrender my Certification, if necessary, for violation of any portion of the Counselor's Code of Ethics.

Print Name

Signature

Date

Send to: ODAPCCB
9301 S. I-35
Moore OK 73160

ALL THREE (3) SPOTS MUST BE SIGNED