

**District of Columbia Addiction Professional Consortium Certification (DCAPC)**

**Agreement to Abide by the Ethics and Ethical Procedures**

I, (Please Print) \_\_\_\_\_, affirm that I have read and understand the Ethical Standards and Procedures as set forth and stated by the District of Columbia Addiction Professional Consortium (DCAPC). It is my clear understanding that all addiction professionals certified by this Board will be expected to comply with these standards in their performance of work as prevention or counseling professionals in the addictions field. Failure to comply with these standards may result in disciplinary procedures being instituted.

I further understand the disciplinary process outlined in these standards and agree that they are fair and unbiased in their application to addiction professionals certified by this Board regardless of sex, race, country of origin, or creed or culture. I also understand that these Ethical Standards and procedures supersede any that have preceded them and I agree to abide by them in my work as a substance abuse professional.

**Initial:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Assurance and Release**

- I give my permission for DCAPC and its staff to investigate my background as it relates to statements contained in this application for counselor certification. I understand that intentionally false or misleading statements or intentional omissions shall result in the denial or revocation of certification.
- I consent to the release of information contained in my application file and any other pertinent data submitted to or collected by DCAPC officers, members and staff of the aforementioned Board.
- I certify that I have read this entire application and that all the material contained herein is true and complete to the best of my knowledge.
- I further agree to hold DCAPC, its officers, Board members, employees and examiners free from any civil liability for damages or complaints by reason of any action that is within the scope of the performance of their duties which they may take in connection with this application and subsequent examinations, and/or the failure of DCAPC to issue certification.

**Initial:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Attestation Form**

I hereby request that the District of Columbia Addiction Professional Consortium Certification Board (DCAPC) grant the certificate issued to me based on the following assurances and documentation:

- I hereby certify that the information given herein is true and complete to the best of my knowledge and belief.
- I attest to the fact that all certificates enclosed are mine and are for trainings that I personally attended.
- I attest to the fact that the description of my job that is enclosed is an accurate representation of my work in the field of substance abuse treatment.

Allegations of ethical misconduct reported to DCAPC before, during or after application for certification is made will be investigated by DCAPC and could result in the nullification of the application or denial or revocation of the certification.

**Initial:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***By signing below, I agree to abide by the Ethics, Ethical Procedure, Assurance and Release and Attestation as described in this document.***

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

**Please print below the exact way you wish your name to appear on your certificate.**

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

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

My Commission Expires: \_\_\_\_\_