

RELEASE OF INFORMATION

I understand that additional information may be necessary for the Addiction Counselor Certification Board of California (ACCBC) to complete the certification process. I hereby authorize the release of my employment and/or personal reference information to any authorized representative of the ACCBC. Further, I give consent for the ACCBC to release information and/or my photo regarding my ACCBC status to prospective employers, members of the public, or State or County Substance Use Disorder administrators or their agents. I recognize there is no expiration date on this request.

I understand that intentionally making false or misleading statements on this application will result in my being declared ineligible for certification. I understand that It is my responsibility to submit course descriptions for classes taken in programs that are not already approved by the ACCBC. I understand that after submission, the application, exam and fees become the property of the ACCBC. All fees are non-refundable. All levels (Certified Addiction Treatment Counselor (CATC, I,II,III,IV,V, N) far exceed the minimum requirements for certification. I have read and understand the processes as outlined in the CATC Candidate Handbook describing policies and procedures and other pertinent information about certification.

I understand and agree to cooperate with any requests of the ACCBC with regard to processing this application; this includes submitting name changes, address changes, phone number changes, employer address changes (if applicable).

I understand and agree to comply with the ACCBC Code of Conduct as outlined in this document. I understand I must comply with the ACCBC Code of Conduct, Scope of Practice, and the ACCBC Code of Ethics contained herein, as well as California Code of Regulations Title 9 Regulations and any other applicable provisions of law. I also understand and consent to the release of information pertaining to registration or certification, any ethical violation(s) and/or sanctions as part of the process of becoming and maintaining ACCBC registration and/or certification. Information may be disclosed to the California Department of Health Care Services (DHCS), Department approved certification bodies and/or employers. I further agree not to sue the ACCBC or CAADE (California Association for Alcohol and Drug Educators) relative to the certification/examination process and I agree to indemnify and hold the ACCBC and CAADE and its respective officers, directors, agents, and employees harmless from any and all liabilities, losses, costs, damages, and any other expenses which ACCBC and CAADE or its officers, directors, agents, and employees may sustain or incur as a result of or arising from the certification process. I agree to reimburse the ACCBC and CAADE for any attorneys' fees and costs incurred as a result of my breach of this hold harmless provision. I agree to cooperate with complaint investigations and supply information requested during complaint investigations unless such disclosure of information would violate the confidentiality requirements of Subpart 2, Title 42, Code of Federal Regulations. I understand failure to comply with the Ethics Review Committee or DHCS may result in immediate suspension and/or revocation of my registration or certification until such time that I comply. I understand that the ACCBC website will include the term "pending" until such time a complaint is resolved and/or sanctions are completed by respondent; suspensions and revocations will be posted on the public database (website).

I understand I do not have to be a member of CAADE to become certified by the ACCBC. This form will allow the ACCBC to send you important information related to your certification process and allow you to handle other official business that requires your approval, by electronic transmission (including fax or email). It also allows you to send the same types of information to the ACCBC via fax or email.

Before signing this form, please review and be aware of the following:

1. You are not required to sign this form. You may request that all correspondence be sent to you via regular mail.
2. You have the right to withdraw your written consent at any time after signing this form by providing the ACCBC with written notice (by email or by mailing, addresses below) that you are withdrawing your consent relative to electronic transmission. No fee will be charged for withdrawing your consent.
3. This consent to electronic transmission is broad, and may include transmission of meeting notices, ballots, and other important information regarding the ACCBC. This consent form represents consent under both California Corporations Code 20 and 21 (transmission from and to the ACCBC). This consent form also meets the requirements for consent under the federal Electronic Signatures in Global and National Commerce Act (15 U.S.C. Sec. 7001(c)(1)).
4. Consenting to electronic transmission via fax requires that you have access to a fax machine and have a current fax number on file with the ACCBC.
5. Consenting to electronic transmission via email requires that you have access to a computer, have a current email account in your name, and have provided your current email address to the ACCBC.

The undersigned has read and understands the foregoing, and hereby provides this written (non-revoked) consent to receive and send information, including but not necessarily limited to information related to ACCBC certification or ACCBC updates, via electronic transmission (fax and/or email), until such time as this consent is revoked in writing.

I understand that certifications offered by the ACCBC are not governmentally sanctioned and are issued by the ACCBC which is not a state, federal or other governmental entity; I also understand that these nongovernmental certifications do not imply or allow me (the individual holder) to diagnose any conditions as specified under applicable state or federal law. Certifications are not issued by state or federal law.

Print Name: _____

Date: _____

Signature: _____