The Texas Certification Board

presents

The Texas System for Certification of

CERTIFIED

CLINICAL SUPERVISORS

APPLICATION PACKAGE
Revised July 2019

TEXAS CERTIFICATION BOARD
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Certification Criteria
and other information for

“Certified Clinical Supervisors”

AS AUTHORIZED BY THE

TEXAS CERTIFICATION BOARD

Revised Edition
January 2019

Original Prepared by:
Texas Certification Board
401 Ranch Road 620 South, Ste. 310
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REVISION AND CHANGE: All or any part of this handbook is subject to change as deemed necessary by TCB. Do not copy without permission from the Texas Certification Board.
Texas System for Certification of Certified Clinical Supervisors

Statement of Purpose
The Clinical Supervisor credential upgrades and standardizes qualifications of those working in the field of supervision. In a treatment setting, the CCS shall improve the quality of supervision of interns, enhance the credibility of the practicum experience and provide greater relevance for certification. The CCS certification is designed to be appropriate for those individuals who are currently supervising counselor interns. The CCS is a healthcare professional who has been certified by TCB as having been adequately trained to provide supervision for counselor interns. The services shall be within the limitations of all applicable state and local statutes. The CCS is also an individual who adheres to the ethical principles as set forth in the Texas System of Certification of Clinical Supervisors.

Statutory Limitations
Certification as a CCS is not to be construed as authorization to charge or collect fees for services rendered if to do so conflicts with any statutory limitations. Where the statute requires that a CCS be supervised by a licensed provider, they shall be so supervised.

Principles
Certain important principles have emerged in regard to this credential.

Principle 1. This certification is based on a combination of competency and knowledge about supervising counselor interns to include academic achievement.

Principle 2. Authority for this certification comes from professionals working in the field of supervising counselor interns who share a common concern for standards of competency.

Principle 3. Persons having supervisory skills and utilizing them in positions other than those called counselors may be certified. The basic requirement for certification is performance of supervisory skills and academic achievement.

Principle 4. Application for this certification is entirely voluntary.

Principle 5. Certification is offered to both member and non-members of the Texas Association of Addiction Professionals.

Authority
The authority of the Certification Board is derived from those persons who are dedicated to service as counselors and who are most affected by certification. This authority is embodied in the statewide association of addiction counselors, the Texas Association of Addiction Professionals, Inc. Recognition of this certification is voluntary. The credibility of this certification results from the standards that are maintained, the performance level established by the Certification Board, and most importantly, the professional competency and integrity of Certified Clinical Supervisors.
**Certified Clinical Supervisor Requirements**

Individuals who apply for certification as a CCS must be currently certified as an ADC, AADC or CCJP. As an ADC, AADC, or CCJP, the applicant has already met certain stringent standards for certification to ensure high quality and professionalism. The minimum requirements for certification of a CCS shall include academic achievement, work experience, and formal training, including the following:

1. Current certification as an ADC, AADC, or CCJP.
2. 10,000 hours (approximately five years) of counseling experience in the field of addiction counseling. (An associate’s degree in behavioral science may substitute for 1,000 hours; a bachelor’s degree in behavioral science may substitute for 2,000 hours; a master’s degree in behavioral science may substitute for 4,000 hours.)
3. Verification of 4,000 hours (approximately two years) of actual supervisory experience in the field of addiction counseling following certification as an ADC or AADC. These 4,000 hours may be included in the 10,000 hours of counseling experience and must include the provision of 200 contact hours of face-to-face clinical supervision.
4. Verification of thirty (30) hours of didactic training in clinical supervision covering the CCS domains. This must include at least six hours of training in each of the following domains (with the exception of the Treatment Knowledge Domain): Counselor Development, Professional & Ethical Standards, Program Development & Quality Assurance, Performance Evaluation, Administration, and Treatment Knowledge.
5. Submission of three (3) letters of reference from individuals familiar with the applicant’s work as a clinical supervisor, one of whom must have supervised the candidate’s clinical supervision.
6. Completion and achievement of a satisfactorily passing grade on the IC&RC Clinical Supervision Examination.
7. Residency: All persons who apply for the CPS certification through the Texas Certification Board should be a resident of Texas. At least fifty percent (51%) of the applicant’s work should be done in the State of Texas. Exceptions to the residency requirement will be considered on an individual basis by petition to the Texas Certification Board.
8. This credential will have reciprocity with other ICRC/AODA member boards.
9. Sign and agree to comply with the ethical standards as set forth in the Texas System of Certification for Clinical Supervisors.

**Fees for Certification**

The following fee structure shall apply for all individuals who apply for certification as a CCS.

- Original Application Fee .................................................................$140.00
- IC&RC Certificate Fee .................................................................$10.00 (optional)
- Clinical Supervision Written Examination Fee .................................$250.00 (This fee will be paid when you register for the exam. Do not send this fee with this application).

**Requirements for Recertification**

The CCS certification shall be issued for a period of two (2) years, therefore requiring an individual to recertify every two (2) years on that same date. The requirements for recertification shall be as follows:

1. Currently active as a supervisor in the field addiction counseling.
2. Absent of any ethical or malpractice violations.
3. Completion of forty (40) hours of continuing education. Documentation of current ADC, AADC, or CCJP certification shall serve as verification of this requirement. However, six (6) of the forty (40) hours must be specific to clinical supervision. Certificates of completion must be attached to the recertification application to document this requirement.
4. Submission of an application, including a signed copy of the ethical standards for Clinical Supervisors.
5. The fee for recertification shall be $100.00.
CERTIFIED CLINICAL SUPERVISOR
CERTIFICATION APPLICATION

Name ____________________________________________

Address __________________________________________

City/State/Zip _______________________________________

Work Phone ___________ Home Phone ________________

Fax Number ______________ Social Security No. __________

Email ____________________ Gender _______ D.O.B. __________

Ethnic Origin
[ ] African American  [ ] American Indian
[ ] Asian American  [ ] Caucasian
[ ] Hispanic  [ ] Other ______________________

Texas Counseling License Type___________ Number __________ Expires __________

Health Care Licenses/State Certifications (Please list type and expiration date) __________

__________________________________________

__________________________________________

__________________________________________

Have you ever undergone a disciplinary action for violation of any Code of Ethics?
YES____________________ NO____________________ (If YES, please attach letter of explanation)

Education
Associate’s Degree (Type & Date Awarded) ______________________

Undergraduate Degree (Type & Date Awarded) ______________________

Graduate Degree (Type & Date Awarded) ______________________

Doctorate Degree (Type & Date Awarded) ______________________

Specialized Training in Clinical Supervision (Schools, Seminars, Workshops, etc.)

__________________________________________

__________________________________________
Chemical Dependency Work Experience

Facility ________________________________
Address __________________________________________
City/State/Zip _______________________________________
Position __________________________________________
Dates _____________________________________________

Facility ________________________________
Address __________________________________________
City/State/Zip _______________________________________
Position __________________________________________
Dates _____________________________________________

Clinical Supervision Work Experience

Facility ________________________________
Address __________________________________________
City/State/Zip _______________________________________
Position __________________________________________
Dates _____________________________________________

Facility ________________________________
Address __________________________________________
City/State/Zip _______________________________________
Position __________________________________________
Dates _____________________________________________

Colleague References

Name __________________________________________
Address __________________________________________
City/State/Zip _______________________________________

Name __________________________________________
Address __________________________________________
City/State/Zip _______________________________________

Name __________________________________________
Address __________________________________________
City/State/Zip _______________________________________
Enclosures:

- Certification Application
- Signed Assurances and Releases
- Signed Code of Ethics
- Copy of Current License to Provide Counseling Service
- Copy of ADC, AADC, or CCJP Certification
- Documentation of 30 hours didactic training in clinical supervision
- IC&RC Clinical supervision written examination score report
- 3 letters of reference (one must be from an individual who supervised applicant’s clinical supervision)
- International Certificate Application, optional ($10.00 fee required)

Documentation to be submitted by Supervisors:

- Supervisory Experience Documentation Form Hours Documented: _________
- Counselor Work Experience Documentation Form Hours Documented: _________

CCS Application Fees:

- Application Fee .......................................................... $140.00
- IC&RC Certificate Fee .................................................. $10.00 (optional)

Payment Information:

- I have enclosed a cashier’s check or money order payable to TCB
- I authorize TCB to charge my credit card in the amount of $__________
  - Visa  - MasterCard  - American Express  - Discover
  Card No. _______________________________ Exp Date ______ CVC ______
  Zip Code _____________________ Cardholder Name ______________________
  Cardholder Signature _____________________________________________

I understand that my credit card billing statement will show charges from “TAAP”.

Assurances and Releases

TCB may request further information from all persons listed on the certification application form, in order to verify training, employment, etc. This information is not available to others outside the certification process without the written consent of the applicant.

“I give my permission for the TCB and staff to investigate my background as it relates to information contained in this application for certification. I understand that intentionally false or misleading statements, or intentional omissions, shall result in denial or revocation of certification.”

“I consent to the release of information contained in my application file, and other pertinent data submitted to, or collected by the TCB, to officers, members, and staff of the aforementioned board.”

“I further agree to hold the TCB, its officers, board members, employees, and examiners free from 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 TCB to issue certification.”

“I hereby affirm that the information provided on this form is correct and that I believe I am qualified for the certification for which I am applying.”

"I understand that The TCB may refer complaints outside its jurisdiction, or also within the jurisdiction of another licensing program within the TCB or of another agency, to the appropriate program or agency for action, as permitted by law”.

Applicant Signature ____________________________  Credentials ____________  Date ______/____/____
Return Completed Application to:
TCB, 401 Ranch Road 620 South, Ste. 310, Austin, TX 78734
CERTIFIED CLINICAL SUPERVISOR (CCS)
SUPERVISORY WORK EXPERIENCE DOCUMENTATION FORM

The information on this form must be supplied and attested to by the applicant’s supervisor at the agency or organization where the applicant was employed for the period claimed. This form should be photocopied and completed for each separate supervisory experience claimed to meet the supervisory requirement.

1. Applicant’s Name: ____________________________________________

2. Applicant’s Social Security Number: ____________________________

3. Name and address of organization/agency where the applicant gained required supervised experience: _______________________________________

4. Inclusive dates of applicant’s supervision experience: From: _____ To: ____________

5. Average number of clock hours of supervisory experience per week: __________________

6. Total number of clock hours of supervisory experience in period claimed: ________________

7. As supervisor of applicant’s supervisory experience, do you have any reservations about this applicant receiving a certification for clinical supervision? Yes ______ No ______

   If yes, please specify (attach additional sheets if necessary): ________________________________

8. Other comments about the applicant’s supervisory experience: ___________________________

   _______________________________________________________

I, as supervisor of the above named applicant’s experience, affirm that the information provided on this form is true and accurate.

__________________________________________   _______________________
Signature of Supervisor                                      Date Signed

_____________________________________________________
Supervisor Printed Name

_____________________________________________________
Mailing Address, City, State, Zip

_____________________________________________________
Telephone Number

RETURN TO: TCB, Certification Coordinator, 401 Ranch Road 620 South, Ste. 310, Austin, TX 78734
DO NOT RETURN TO APPLICANT
CERTIFIED CLINICAL SUPERVISOR (CCS)
COUNSELOR WORK EXPERIENCE DOCUMENTATION FORM

The information on this form must be supplied and attested to by the applicant’s supervisor at the agency or organization where the applicant was employed for the period claimed. This form should be photocopied and completed for each separate counseling experience claimed to meet the work experience requirement.

1. Applicant’s Name: ____________________________________________

2. Applicant’s Social Security Number: ______________________________

3. Name and address of organization/agency where the applicant gained required work experience:
   ________________________________________________________________

4. Inclusive dates of applicant’s counseling experience: From: ___________ To: ___________

5. Average number of clock hours of counseling experience per week: ________________

6. Total number of clock hours of counseling experience in period claimed: ________________

7. As supervisor of applicant’s counseling experience, do you have any reservations about this applicant receiving a certification for clinical supervision?      Yes ______ No ______

   If yes, please specify (attach additional sheets if necessary): ________________________________

8. Other comments about the applicant’s counseling experience: ______________________________

   ________________________________________________________________

I, as supervisor of the above named applicant’s experience, affirm that the information provided on this form is true and accurate.

__________________________________________                ________________
Signature of Supervisor                                Date Signed

__________________________________________
Supervisor Printed Name

__________________________________________
Mailing Address, City, State, Zip

__________________________________________
Telephone Number

RETURN TO: TCB, Certification Coordinator, 401 Ranch Road 620 South, Ste. 310, Austin, TX 78734
DO NOT RETURN TO APPLICANT
ETHICAL STANDARDS FOR CLINICAL SUPERVISORS

The Texas Certification Board (TCB) is comprised of substance use disorder (SUD) prevention and treatment professionals and peer recovery support specialist who, as responsible healthcare professionals, believe in the dignity and worth of human beings. In the practice of their profession, they assert that the ethical principles of autonomy, beneficence and justice must guide their professional and societal expectations, obligations and conduct. As professionals dedicated to the prevention, treatment and recovery of service recipients with substance use disorders and their families, they believe that they can effectively prevent and treat its individual and familial manifestations. SUD professionals dedicate themselves to the promotion of the best interests of service recipients, colleagues, the profession and society.

SPECIFIC PRINCIPLES

Principle 1: Nondiscrimination
The applicant or SUD professional shall not in any way participate in discrimination on the basis of race, color, sex, sexual orientation, age, pregnancy, religion, national origin, socio-economic status, political belief, citizenship, military service or affiliation, psychiatric or psychological impairment, physical disability, or the amount of previous therapeutic or treatment occurrences.

The SUD professional shall be knowledgeable about disabling conditions, demonstrate empathy and personal emotional comfort in interactions with participants with disabilities, and make available physical, sensory, and cognitive accommodations that allow individuals with disabilities to receive services. The SUD professional should comply with all local, state and Federal laws regarding the accommodation of individuals with disabilities.

Principle 2: Responsibility
The SUD professional must espouse objectivity and integrity, and maintain the highest standards in the services the SUD professional offers.

A. The SUD professional, as teacher, must recognize the SUD professional's primary obligation to help others acquire knowledge and skill in dealing with substance use disorders.
B. The SUD professional, as practitioner, must accept the professional challenge and responsibility deriving from the SUD professional is work.

Principle 3: Competence
The SUD professional must recognize that the profession is founded on national standards of competency, which promote the best interests of service recipients, colleagues, the profession and society as a whole. The SUD professional must recognize the need for ongoing education as a component of professional competency.

A. The SUD professional must prevent the practice of substance use disorder counseling by unqualified and/or unauthorized persons.
B. The SUD professional who is aware of unethical conduct or unprofessional modes of practice must report within seventy-two (72) business hours of such violations to the appropriate certifying authority.
C. The SUD professional must recognize boundaries and limitations of a SUD professional's competencies and not offer services or use techniques outside of these professional competencies.
D. The SUD professional must recognize the effect of impairment on professional techniques and must be willing to seek appropriate treatment for oneself or for a colleague. The SUD professional must support peer assistance programs in this respect.

Principle 4: Legal Standards and Moral Standards
The SUD professional must uphold the legal and accepted moral codes, which pertain to professional conduct, legal and accepted moral codes of our society.

A. The SUD professional must not claim either directly or by implication,
professional qualifications/affiliations that the SUD professional does not possess.

B. The SUD professional must not use the relationship with the TCB for purposes that are not consistent with
the stated purposes of the Board.

C. The SUD professional must not associate with or permit the SUD professional's name to be used in
connection with any services or products in a way that is incorrect or misleading or discredit the
profession.

D. The SUD professional associated with the development or promotion of books or other products offered for
commercial sale must be responsible for ensuring that such books or products are presented in a
professional and factual way.

E. The SUD professional must obey civil and criminal laws and commit no act involving moral turpitude of
which would bring discredit to the profession.

Principle 5: Public Statements
The SUD professional must respect the limits of present knowledge in public statements concerning substance use
 disorders.

A. The SUD professional who represents the profession of substance use disorder counseling to service
 recipients, other professionals, or to the general public must report fairly and accurately the appropriate
 information.

B. The SUD professional must acknowledge and document materials and techniques used.

C. The SUD professional who conducts training in substance use disorder counseling skills or techniques must
 indicate to the audience the requisite training/qualification to properly perform those skills and techniques.

Principle 6: Publication Credit
The SUD professional must assign credit to all who have contributed to the published material and for the
work upon which the publication is based.

A. The SUD professional must recognize joint authorship, major contributions of professional character made by
several persons to a common project. The author who has made the principal contribution to a publication
must be identified as a first listed.

B. The SUD professional must acknowledge in footnotes or an introductory statement minor contributions of a
professional character, extensive clerical or similar assistance and other minor contributions.

C. The SUD professional must acknowledge, through specific citations, unpublished, as well as published,
materials that have direct influences the research or writing.

D. The SUD professional who compiles and edits for publication the contributions of others must list oneself as
editor, along with the names of those others who have contributed.

Principle 7: Client Welfare
The SUD professional must respect the integrity and protect the welfare of the person or group with whom the
SUD professional is working.

A. The SUD professional must define for self and others the nature and direction of loyalties and
responsibilities and keep all parties concerned informed of these commitments.

B. The SUD professional, in the presence of professional conflict, must be concerned primarily with the
welfare of the service recipient.

C. The SUD professional must terminate counseling or consulting relationship when it is reasonably clear to
the SUD professional that the service recipient is not benefiting from it.

D. The SUD professional, in referral cases, must assume the responsibility for the service recipient's welfare
either by mutual agreement and/or by the service recipient becoming engaged with another professional. In
situations when a service recipient refuses treatment, referral or recommendations, the SUD professionals
must carefully consider the welfare of the service recipient by weighing the benefits of continued treatment
or termination and must act in the best interest of the service recipient.

E. The SUD professional who asks a service recipient to reveal personal information from other professionals or
allows information to be divulged must inform the service recipient of the nature of such transaction. The
information released or obtained with informed consent must be used for expressed purposes only.

F. The SUD professional must not use a service recipient in a demonstration role in a workshop setting where such participation would potentially harm the service recipient.

G. The SUD professional must ensure the presence of an appropriate setting for clinical work to protect the service recipient from harm, and the SUD professional and the profession from censure.

H. The SUD professional must collaborate with other healthcare professionals in providing a supportive environment for the service recipient who is receiving prescribed medications.

**Principle 8: Confidentiality**

The SUD professional must embrace, as a primary obligation, the duty of protecting the privacy of service recipient and must not disclose confidential information acquired in teaching, practice or investigation.

A. The SUD professional must inform the service recipient and obtain agreement in areas likely to affect the service recipient’s participation including, but not limited to, the recording of an interview, the use of interview material for training purposes and the observation of an interview by another person.

B. The SUD professional must make provisions for the maintenance of confidentiality and the ultimate disposition of confidential records.

C. The SUD professional must report information received in confidence only when there is a clear and present danger to the service recipient or to other persons within the organization, and then only to appropriate professional workers, public authorities, immediately, or no more than twenty-four (24) hours of information received.

D. The SUD professional must discuss the information obtained in clinical or consulting relationships only in appropriate settings, and only for professional purposes clearly concerned with the case. Written and oral reports must present only data germane to the purpose of the evaluation and every effort must be made to avoid undue invasion of privacy.

E. The SUD professional must use clinical and other material in classroom teaching and writing only when the identity of the persons involved is adequately disguised.

**Principle 9: Client Relationships**

The SUD professional must inform the prospective service recipient of the important aspects of the potential relationship.

A. The SUD professional must inform the service recipient and obtain the service recipient’s agreement in areas likely to affect the service recipient’s participation including the recording of an interview, the use of interview material for training purposes and/or observation of an interview by another person.

B. The SUD professional must inform the designate guardian or responsible person of circumstances, which may influence the relationship, when the service recipient is a minor, or incompetent.

C. The SUD professional must not enter into a professional relationship with members of one's own family, intimate friends or close associates, or others whose welfare might be jeopardized by such a dual relationship.

D. The SUD professional must not engage in any type of sexual activity with a service recipient.

E. SUD professionals should adhere to the same principles of professionalism outlined in the Code of Ethics online as they would offline. With this in mind, the following are additional guidelines regarding the use of technology:

1. SUD professionals are discouraged from interacting with current or past direct service recipients on personal social networking sites. It is recommended that SUD professional establish a professional social networking site for this purpose.
   a. SUD professionals should not affiliate with their own direct service recipients on personal social media sites.
   b. SUD professionals use professional and ethical judgment when including photos and/or comments online or in prevention materials.
   c. SUD professionals should not provide their personal contact information to direct service recipient, i.e. home/personal cell phone number, personal email, social media accounts, etc. nor engage in communication with direct service recipient through these mediums except in cases of
agency/professional business

2. It is the responsibility of the SUD professional to ensure, to the best of his or her ability, that professional networks used for sharing confidential information are secure and that only verified and registered users have access to the information.

3. SUD professionals should be aware that any information they post on a social networking site may be disseminated (whether intended or not) to a larger audience, and that what they say may be taken out of context or remain publicly available online in perpetuity. When posting content online, they should always remember that they are representing the SUD profession, their organization and their community, and so should always act professionally and take caution not to post information that is ambiguous or that could be misconstrued or taken out of context. It is recommended that employees not identify themselves as connected to their agency on their personal website.

4. Employees should be aware that employers may reserve the right to edit, modify, delete, or review organizational Internet communications and that writers assume all risks related to the security, privacy and confidentiality of their posts. When moderating any website, the SUD professional should delete inaccurate information or other’s posts that violate the privacy and confidentiality of service recipients or that are of an unprofessional nature.

5. SUD professionals should refer, as appropriate, to an employer’s social media or social networking policy for direction on the proper use of social media and social networking in relation to their employment.

Principle 10: Inter professional Relationships

The SUD professional must treat colleagues with respect, courtesy and fairness, and must afford the same professional courtesy to other professionals.

A. The SUD professional must not offer professional services to a service recipient in counseling with another professional except with the knowledge of the other professional or after the termination of the service recipient’s relationship with the other professional.

B. The SUD professional must cooperate with duly constituted professional ethics committees and promptly supply necessary information unless constrained by the demands of confidentiality.

Principle 11: Remuneration

The SUD professional must establish financial arrangements in professional practice and in accord with the professional standards that safeguard the best interests of the service recipient, of the SUD professional and of the profession.

A. The SUD professional must consider carefully the ability of the service recipient to meet the financial cost in establishing rates for professional services.

B. The SUD professional must not send or receive any commission or rebate or any other form of remuneration for referral of service recipient for professional services. The SUD professional must not engage in fee splitting.

C. The SUD professional in clinical or counseling practice must not use one's relationship with service recipients to promote personal gains or the profit of an agency or commercial enterprise of any kind.

D. The SUD professional must not accept a private fee or any gift or gratuity for professional work with a person who is entitled to such services through an institution or agency. The policy of a particular agency may make explicit provisions for private work with its service recipients by members of its staff, and in such instances, the service recipient must be fully apprised of all policies affecting the service recipient.

Principle 12: Societal Obligations

The SUD professional is expected to advocate changes in public policy and legislation to afford opportunity and choice for all persons whose lives are impaired by the substance use disorders. The SUD professional must inform the public through active civic and professional participation in community affairs of the effects of substance use disorders and must act to guarantee that all persons, especially the needy and disadvantaged, have access to the necessary resources and services. The SUD professional must adopt a personal and professional stance, which promotes the well-being of all human beings.
**Principle 13. Responsibility to Students, Employees, and Supervisors**

The Certified Clinical Supervisor (CCS) and Certified Supervisor (CSC) must not exploit the trust and dependency of students, employees, and supervisors.

A. The CCS and CSC is aware of their influential position with respect to students, employees, and supervisors, and they must avoid exploiting the trust and dependency of such persons. CCS and CSC, therefore make every effort to avoid dual relationships that could impair professional judgment or increase the risk of exploitation. When a dual relationship cannot be avoided, CCS and CSC take appropriate professional precautions to ensure judgment is not impaired and no exploitation occurs. Examples of such dual relationships include, but are not limited to, business or close personal relationships with students, employees, or supervisors. Provision of counseling to students, employees, or supervisors is prohibited.

B. The CCS and CSC must not engage in sexual intimacy with students or supervisors.

C. The CCS and CSC must not permit students, employees, supervisors to perform or to hold them out as competent to perform professional services beyond their training, level of experience, and competence.

D. The CCS and CSC must not disclose a supervisor’s confidences except:
   1. as mandated by law;
   2. to prevent clear and immediate danger to a person or persons;
   3. where the CCS and CSC is a defendant in a civil, criminal, or disciplinary action arising from the supervision (in which case supervisors’ confidences may be disclosed only in the course of that action);
   4. in educational or training settings where there are multiple supervisors, and then only to other professional colleagues who share responsibility for the training of the supervisors; or
   5. if there is a waiver previously obtained in writing, and then such information may be revealed only in accordance with the terms of the waiver.

I have read, understand and commit to the preceding Ethical Standards.

Signature___________________________________________ Date____________________

**PROCEDURE FOR CODE OF ETHICS COMPLAINTS**

*TCB has a process established to provide an avenue through which persons can file complaints about the ethical conduct of a TCB SUD professional or an applicant to the certification system. This provides a procedure and a forum by which such a professional or applicant may make a good-faith dispute and respond to such complaints. This system is used to adjudicate complaints, which, have been found to be irresolvable through other means. Prior to employing the process, persons are encouraged to attempt to resolve the situation through other means, i.e., personally with the SUD professional or through the SUD professional’s supervisor/employing agency. If this means fail or do not satisfactorily resolve the circumstances, the disciplinary review process may be the appropriate vehicle to address the complaint.*

Ethic complaints must be submitted in writing and mailed to TCB Headquarters at 401 Ranch Road 620 South, Ste. 310, Austin, and TX 78734