

# American Academy of Health Care Providers in the Addictive Disorders

## A Letter from the Executive Director

Dear Colleague:

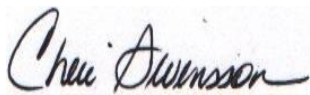
Thank you for your interest in the Certified Gambling Addiction Specialist (CGAS) credential offered by the American Academy of Health Care Providers in the Addictive Disorders.

The American Academy has a diverse and international membership consisting of psychiatrists, psychologists, medical doctors, social workers, nurses, and counselors throughout the United States, Canada and other countries. The Certified Gambling Addiction Specialist (CGAS) credential is a clinical certification based upon experience providing addiction treatment under the direction of a qualified clinical supervisor, specialized clinical training on gambling addiction, and passing a written online examination.

For over a decade, the American has been a driving force behind both the contemporary clinical practice and research throughout the world. Applicants who successfully meet certification requirements and pass the gambling addiction exam will represent clinicians with knowledge essential to the delivery of competent, effective, and contemporary gambling addiction treatment.

You are invited to visit our website at [www.americanacademy.org](http://www.americanacademy.org), or contact me by telephone, 218.727.3940, or email [cswensson@americanacademy.org](mailto:cswensson@americanacademy.org) to learn more about the Academy and the Certified Gambling Addiction Specialist (CGAS) credential.

Sincerely,



Cheri Swensson  
Executive Director

# American Academy of Health Care Providers in the Addictive Disorders

## CERTIFIED GAMBLING ADDICTION SPECIALIST (CGAS)

### CGAS Application Instructions & Checklist

Please review the **Minimum Eligibility Requirements** before completing the application form.

#### PORTFOLIO:

- \_\_\_\_\_ Application forms must be typewritten. Illegible submissions will be returned. Original forms contained in this packet may be copied.
- \_\_\_\_\_ Applicant's current resume/ curriculum vitae.
- \_\_\_\_\_ Copies of all diplomas, licenses, and certifications.
- \_\_\_\_\_ Documentation of a minimum of 120 hours of training in core counseling skills. Training must include assessment, interviewing, and diagnosis.
- \_\_\_\_\_ Documentation of a minimum of 60 hours of current clinical training in gambling addiction studies. A documentation form is provided to list transcript courses and/or continuing education courses. Enclose copies of transcripts and certificates of completion.

#### REFERENCES:

- \_\_\_\_\_ Submit a minimum of three letters of recommendations from professionals, which may include clinical supervisors, who are familiar with the applicant's clinical work. It is requested that letters be on professional letterhead. List names and degrees below:
  1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_

#### CLINICAL SUPERVISOR RECOMMENDATIONS:

(Clinical supervisors must be licensed or certified in their field in the treatment of addictive disorders. The experience, credentials, and activities of the supervisor must be appropriate to the supervision provided.)

Clinical Supervision Recommendation Forms:

- \_\_\_\_\_ Provide the clinical supervisor(s) with a form and a self-addressed stamped envelope. When completed, the clinical supervisor(s) will return the sealed envelope to the applicant to submit with his/her application.
- \_\_\_\_\_ Clinical supervisor(s) must complete the form, sign, and have it notarized.
- \_\_\_\_\_ Clinical supervisor(s) places form and his/her resume, curriculum vitae, or letter outlining his/her training and experience in the treatment of addictive disorders in the envelope provided by the applicant.
- \_\_\_\_\_ Supervisor(s) must seal the envelope, sign their name across the seal, and return it to the applicant.
- \_\_\_\_\_ Applicant will submit the sealed envelopes along with their application and portfolio.

The completed Clinical Supervisor Recommendation form is considered **confidential** and will not be released to the applicant.

## SUBMIT:

- \_\_\_\_\_ Signed and notarized application
- \_\_\_\_\_ Applicant's resume or curriculum vitae
- \_\_\_\_\_ Copies of diplomas, licenses & certifications
- \_\_\_\_\_ Documented clinical gambling education: use the form provided
- \_\_\_\_\_ Copies of transcripts and certificates of completion of all education listed on the form.
- \_\_\_\_\_ Reference letters
- \_\_\_\_\_ Sealed envelopes containing Clinical Supervision Recommendation forms and supervisor resumes.
- \_\_\_\_\_ Check or money order made payable to the American Academy for \$95.00. The application fee is non-refundable.

## OTHER:

- \_\_\_\_\_ Incomplete applications/portfolios requiring additional review will be subject to a \$25 fee per review.
  - \_\_\_\_\_ Incomplete applications that do not meet the requirements will be returned. The fee is non-refundable.
  - \_\_\_\_\_ The Academy will notify the applicant of acceptance status within six weeks of receiving the application.
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## DEFINITIONS:

**Accredited health care training program:** Programs accepted for certification requirements are those degree-granting educational institutions that are accredited by the appropriate state or regional accreditation board. The institution must have a minimum of six years of accreditation.

**Direct health care services:** The applicant must have provided supervised direct health care services to those individuals identified with addictive disorders in a licensed clinical setting. Health care services include, but are not limited to, assessment, diagnosis, and approved therapeutic (medical or psychological) interventions.

**Clinical Supervisors:** Clinical supervisors must be licensed or certified in their respective fields of addiction. The experience, credentials, and activities of the supervisor must be appropriate to the supervision provided.

**CERTIFIED GAMBLING ADDICTION SPECIALIST (CGAS)**

**Minimum Eligibility Requirements**

To qualify for the CGAS credential, applicants must have supervised clinical experience, specialized gambling addiction training, and must demonstrate a critical understanding of the central tenets of addictions treatment. Applicants must complete a two-phase certification process; the Application Phase and the 100 Question Examination Phase.

**APPLICATION PHASE**

**Professionals with advanced or graduate degrees must have:**

1. A master's or doctorate degree from an accredited health care training program;
2. Three years (6,000 hours) of post-graduate, full-time supervised experience providing direct health care services to those identified with an addictive disorder. Pre-doctoral or pre-masters internships at an approved site may be applied towards one year of clinical supervision;
3. A portfolio of clinical training with a minimum of 120 hours of clinical training in core counseling skills including assessment, interviewing and diagnosis, **and** a minimum of 60 hours of clinical training in gambling addiction treatment;
4. Three professional recommendations; at least one referent must be a supervisor who is personally familiar with the applicant's work and can document his or her addiction health care experience; and
5. A completed application with the \$95 non-refundable application fee. Additional reviews: \$25 per review.

**Professionals with other degrees or without a degree must have:**

1. A high school diploma;
2. Five years (10,000 hours) of full-time supervised experience providing direct health care services to those identified with an addictive disorder;
3. A portfolio of clinical training with a minimum of 120 hours of training in core counseling skills including assessment, interviewing and diagnosis, **and** a minimum of 60 hours of clinical training in gambling addiction;
4. Three professional recommendations; at least one referent who is personally familiar with the applicant's work and can document his or her addiction health care experience; and
5. A completed application with the \$95 non-refundable application fee. Additional reviews: \$25 per review

**EXAMINATION PHASE**

Individuals meeting the Minimum Eligibility Requirements may submit an application to the American Academy. Upon successful completion of the review process, the applicant will be eligible to sit for the proctored online Certified Gambling Addiction Specialist examination. In preparation for the examination, applicants must sign the American Academy's **Code of Ethics** statement and submit a \$125 testing fee.

The Certified Gambling Addiction Specialist credential is awarded for a passing score on the Academy's gambling-specific examination. The CGAS is renewed annually with submittal of a minimum of 20 addiction-related continuing education hours, and a renewal processing fee. A minimum of 12 CE hours must be gambling-specific training.

American Academy of Health Care Providers in the Addictive Disorders  
CERTIFIED GAMBLING ADDICTION SPECIALIST

APPLICATION FORM

OFFICE USE ONLY:

Date Received: \_\_\_\_\_ 20\_\_  
App #: \_\_\_\_\_  
Fee enclosed: \_\_\_\_\_  
Add'l Review Fee: \_\_\_\_\_  
Status: \_\_\_\_\_  
Exam Date: \_\_\_\_\_ Time: \_\_\_\_\_  
CGAS No.: \_\_\_\_\_

Name \_\_\_\_\_  
(First) (Middle Initial) (Last)

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone (home) \_\_\_\_\_ (office) \_\_\_\_\_ (cell) \_\_\_\_\_ (fax) \_\_\_\_\_

Email Address \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

PLEASE CHECK ONE - SEND CORRESPONDENCE TO: PERSONAL ADDRESS \_\_\_\_\_ PROFESSIONAL ADDRESS \_\_\_\_\_

List All Current Certification/Licensure(s):

License \_\_\_\_\_ Number \_\_\_\_\_ Date first licensed \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Certification \_\_\_\_\_ Number \_\_\_\_\_ Date first certified \_\_\_\_\_

Certifying body \_\_\_\_\_

Education:

Highest Degree Earned \_\_\_\_\_ Institution & Location \_\_\_\_\_

Graduation Date \_\_\_\_\_ Department \_\_\_\_\_

Major Field or Program \_\_\_\_\_

Other Degrees Earned \_\_\_\_\_ Institution & Location \_\_\_\_\_

Graduation Date \_\_\_\_\_ Department \_\_\_\_\_

Major Field or Program \_\_\_\_\_

## SUPERVISED HEALTH CARE EXPERIENCE IN THE ADDICTIVE DISORDERS:

Please list the most recent work experience first.

1. **Name of employment facility** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_  
Employment Dates: From Month/Year \_\_\_\_\_ to Month/Year \_\_\_\_\_  
\_\_\_\_ Part-time Hours per week \_\_\_\_\_ \_\_\_\_ Full-time Hours per week \_\_\_\_\_  
Your title or position \_\_\_\_\_

### Please list separately each supervisor and period of clinical supervision:

- #1. Name of supervisor \_\_\_\_\_  
Supervisor's Degree(s) \_\_\_\_\_ Title \_\_\_\_\_  
Dates of supervised health care experience:  
From month/year \_\_\_\_\_ to month/year \_\_\_\_\_ = \_\_\_\_\_ total months of clinical supervision
- #2. Name of supervisor \_\_\_\_\_  
Supervisor's Degree(s) \_\_\_\_\_ Title \_\_\_\_\_  
Dates of supervised health care experience:  
From month/year \_\_\_\_\_ to month/year \_\_\_\_\_ = \_\_\_\_\_ total months of clinical supervision

2. **Name of employment facility** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_  
Employment Dates: From Month/Year \_\_\_\_\_ to Month/Year \_\_\_\_\_  
\_\_\_\_ Part-time Hours per week \_\_\_\_\_ \_\_\_\_ Full-time Hours per week \_\_\_\_\_  
Your title or position \_\_\_\_\_

### Please list separately each supervisor and period of clinical supervision:

- #1. Name of supervisor \_\_\_\_\_  
Supervisor's Degree(s) \_\_\_\_\_ Title \_\_\_\_\_  
Dates of supervised health care experience:  
From month/year \_\_\_\_\_ to month/year \_\_\_\_\_ = \_\_\_\_\_ total months of clinical supervision

#2. Name of supervisor \_\_\_\_\_

Supervisor's Degree(s) \_\_\_\_\_ Title \_\_\_\_\_

Dates of supervised health care experience:

From month/year \_\_\_\_\_ to month/year \_\_\_\_\_ = \_\_\_\_\_ total months of clinical supervision

3. **Name of employment facility** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Employment Dates: From Month/Year \_\_\_\_\_ to Month/Year \_\_\_\_\_

\_\_ Part-time Hours per week \_\_\_\_\_ \_\_ Full-time Hours per week \_\_\_\_\_

Your title or position \_\_\_\_\_

**Please list separately each supervisor and period of clinical supervision:**

#1. Name of supervisor \_\_\_\_\_

Supervisor's Degree(s) \_\_\_\_\_ Title \_\_\_\_\_

Dates of supervised health care experience:

From month/year \_\_\_\_\_ to month/year \_\_\_\_\_ = \_\_\_\_\_ total months of clinical supervision

#2. Name of supervisor \_\_\_\_\_

Supervisor's Degree(s) \_\_\_\_\_ Title \_\_\_\_\_

Dates of supervised health care experience:

From month/year \_\_\_\_\_ to month/year \_\_\_\_\_ = \_\_\_\_\_ total months of clinical supervision

**Total Months of Full-time Supervised Health Care Experience = \_\_\_\_\_ months**

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Please describe below and attach any other employment, courses, trainings, experiences, or special recognition that may be relevant to this application to assist the Academy review of your application for certification as a C.G.A.S.

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Have you previously applied to the American Academy? \_\_\_\_ Yes \_\_\_\_ No

I hereby attest that all of the above information is true and correct to the best of my knowledge. I acknowledge that the certification program of the Academy is entirely voluntary and agree to be bound by its policies and procedures, as they now exist or as they may be amended in the future. I agree to make no claim against the Academy for action taken by it in accordance with those policies and procedures. I authorize the Academy to contact any of the supervisors listed in my application and request that each of the supervisors so contacted fully and frankly respond to all inquiries made of him or her by the Academy regarding my application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Notary

**This completed form must be accompanied by the non-refundable application fee of \$95.**

Applications should be mailed to:

The American Academy of Health Care Providers in the Addictive Disorders  
314 West Superior Street, Suite 508 Duluth, MN 55802  
phone: 218.727.3940 fax: 218.722.0346 email: [info@americanacademy.org](mailto:info@americanacademy.org)

The American Academy of Health Care Providers in the Addictive Disorders is committed to adherence and compliance to all applicable laws as set forth and in regard to equal opportunities for all individuals in accordance with Title VI of the Civil Rights Act of 1964, as amended by the Civil Rights Restoration Act of 1991 (42 USC §1981, 2000e et seq), Section 504 of the Rehabilitation Act of 1973, as amended (29 USC §794), the Age Discrimination Act of 1975, as amended (42 USC §6101 et seq), Title II of the Americans with Disabilities Act of 1990 (42 USC §12101 et seq), and Title IX of the Education Amendments of 1972. Neither the American Academy of Health Care Providers in the Addictive Disorders (AAHCPAD), nor the AAHCPAD officers or employees shall discriminate against applicants, registrants, members, employees or other professionals or individuals on the basis of sex, race, color, national origin, sexual orientation, economic condition, disability or age in the certification, membership, or registration process, or in its programs and activities.

# American Academy of Health Care Providers in the Addictive Disorders Certified Gambling Addiction Specialization (CGAS)

## CLINICAL SUPERVISOR VERIFICATION FORM

### To be completed by the applicant:

Applicant Name: \_\_\_\_\_

### To the Clinical Supervisor:

The applicant named above is applying for a Certified Gambling Addiction Specialist certification from the American Academy. To qualify for the CGAS credential, applicants must have supervised clinical experience, specialized gambling addiction training, and must demonstrate a critical understanding of the central tenets of addictions treatment. You have been identified by the applicant as having been his/her clinical supervisor.

### MINIMUM ELIGIBILITY REQUIREMENTS

#### Professionals with advanced or graduate degrees must have:

1. A master's or doctorate degree from an accredited health care training program;
2. Three years (6,000 hours) of post-graduate, full-time supervised experience providing direct health care services to those identified with an addictive disorder. Pre-doctoral or pre-masters internships at an approved site may be applied towards one year of clinical supervision;
3. A portfolio of clinical training with a minimum of 120 hours of clinical training in core counseling skills including assessment, interviewing and diagnosis, **and** a minimum of 60 hours of clinical training in gambling addiction treatment;
4. Three professional recommendations; at least one referent must be a supervisor who is personally familiar with the applicant's work and can document his or her addiction health care experience; and

#### Professionals with other degrees or without a degree must have:

1. A high school diploma;
2. Five years (10,000 hours) of full-time supervised experience providing direct health care services to those identified with an addictive disorder;
3. A portfolio of clinical training with a minimum of 120 hours of training in core counseling skills including assessment, interviewing and diagnosis, **and** a minimum of 60 hours of clinical training in gambling addiction;
4. Three professional recommendations; at least one referent who is personally familiar with the applicant's work and can document his or her addiction health care experience; and

**Please complete this Clinical Supervisor Verification Form and sign it before a notary public, include a copy of your curriculum vitae or resume with the completed form. This form must be sealed in an envelope with your name signed across the seal. Forms should be returned to the applicant. The applicant may not submit his/her applicant without this form.**

### To be completed by the supervisor (form is confidential):

#### Supervisor's Information:

Name \_\_\_\_\_ Title/Position \_\_\_\_\_

Organization/Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Continued....

Clinical Supervisor's Specialty Field (Check all that apply)

Alcohol \_\_\_\_\_ Other Drugs \_\_\_\_\_ Eating Disorders \_\_\_\_\_ Gambling Addiction \_\_\_\_\_ Sex Addiction \_\_\_\_\_

Your Degree \_\_\_\_\_

Your Licenses/Certifications \_\_\_\_\_

Specialty Boards \_\_\_\_\_

Are you a Member of the American Academy of Health Care Providers? \_\_\_\_ Yes \_\_\_\_ No

Dates of supervision with the above named applicant: Month/Year \_\_\_\_\_ to Month/Year \_\_\_\_\_

Total Months of Clinical Supervision: \_\_\_\_\_ months. Total hours applicant worked per week: \_\_\_\_\_ hrs

Number of direct (face to face) supervision **hours each week** for the period listed above \_\_\_\_\_

Name of facility where supervision was conducted \_\_\_\_\_

Your position at the time of supervision \_\_\_\_\_

Applicant's position at the time of supervision \_\_\_\_\_

Comments about the applicant (form is confidential):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This signed form represents verification of the applicant's supervised experience providing direct health care service to those individuals identified with an addictive disorder.

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

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

**Please have this form notarized and return is to the applicant in a sealed envelope with your signature across the seal.**

Notary Stamp

\_\_\_\_\_  
Notary Signature

Questions? Contact Cheri Swensson, Executive Director, American Academy of Health Care Providers in the Addictive Disorders  
314 West Superior Street, Suite 508, Duluth, MN 55802 \* 218-727-3940; email: [cswensson@americanacademy.org](mailto:cswensson@americanacademy.org)

# AMERICAN ACADEMY OF HEALTH CARE PROVIDERS IN THE ADDICTIVE DISORDERS

## CGAS CODE OF ETHICS – 2009

Since Hippocrates wrote his oath more than 2000 years ago, health care providers have sought to establish standards for ethical and competent medical and psychological treatment. The American Academy itself was created to establish such a standard in the field of addiction treatment, which it succeeded in doing with the creation of the Certified Gambling Addiction Specialist (C.G.A.S.) credential.

The Academy's membership is comprised of clinicians from a variety of disciplines and treatment modalities who include nurses, physicians, psychologists, psychiatrists, social workers, forensic counselors and counselors, unified in their commitment to providing the highest quality of health care to individuals suffering from addiction. Our diverse membership is also unified in their recognition of the ethical standards and considerations that are specific to this field.

This code is meant to provide only a very general outline of the principles for those health care providers specifically treating the addictions and is **in no way** exhaustive of the ethical responsibilities of our membership. Since our members come from a variety of disciplines and may carry multiple credentials, the principles set forth here should not be viewed as in anyway supervening or abrogating other ethical codes to which our members might be bound. On the contrary, the Academy's code is meant to supplement or compliment other standards, both legal and ethical, while setting forth a code of conduct that addresses the issues that are unique to working with individuals with addictions. This code is also meant to serve notice to the public as to the standards of health care and treatment that they can expect from Academy members.

Academy members are bound by the Academy's ethical code and will be held to the letter and spirit of this code. The membership of those violating this code will be subject to inquiry and review, resulting in possible suspension or revocation of the credential.

### PRINCIPLES OF CONDUCT

#### I. Competence

Academy members must recognize both the strengths and limitations in their ability to treat addictions. They continually seek to stay abreast of innovations in the understanding and treatment of addiction. They also only treat addictions about which they are knowledgeable and capable of treating. As a corollary to this, they only offer treatment services which are within their realm of competence and said competence is determined on the basis of their education, clinical supervision, and experience.

#### II. Maintenance of Competence

Because of the continual changes in the field of addiction treatment, Academy members maintain awareness of research findings and changes in treatment techniques and approaches, which is necessary to maintain their competence in this field.

#### III. Nondiscrimination

In their work in the addictions, members of the Academy do not discriminate against their clients or co-workers on the basis of race, gender, religion, sexual orientation, age, disability, ethnicity, socio-economic status, or national origin. They also do not unfairly discriminate on the basis of addiction or the medical complications of addiction. While alcoholism and drug addiction are recognized by the federal government to be disabilities and individuals suffering from such addictions are protected from discrimination under the Federal Rehabilitation Act, Academy members do not restrict their nondiscrimination practices to these individuals, but extend them to all people suffering from addiction, recognizing that all such addictions are debilitating.

a) Academy members are knowledgeable about the unique or special issues that face the individuals that they are treating both on the basis of their individual situations and on the basis of the addiction from which they suffer.

b) Academy members are able to recognize instances in which individual differences between themselves and their client affect their ability to provide the highest quality health care. In such cases, Academy members take the necessary steps to become competent in these areas or they make referrals to agencies or individuals who can best address their client's needs.

c) Academy members recognize those personal issues and conflicts that might affect their ability to provide their clients with the best possible health care. In such instances, they will refer the patient to someone better able to deal with him/her, or will refrain from treating the patient until the Academy member has adequately resolved these issues.

d) Academy members recognize that there are individuals who suffer from multiple addictions. In such cases, Academy members will only treat the addictions that they are competent to treat. With regard to the other addictions, they will either take the steps necessary to become competent in these areas or will make referrals to agencies or individuals who can best address them.

e) Academy members recognize that many clients suffering from an addiction suffer from other mental disorders as well. Academy members treat only the problems that they are competent to treat. In complicated cases in which several disorders must be treated simultaneously, Academy members will seek the requisite support and consultation and, if this is not available, will refer the client to the appropriate agency or clinician.

f) Academy members recognize that many clients seeking treatment for addiction may also suffer from medical complications and/or viral infections, e.g., HIV, TB or hepatitis, that eventuate from their addiction. In such cases, Academy members will treat only the aspects of the illness that they are competent to treat. If they are not competent to work with such clients, they will either take the necessary steps to become competent, or they will consult with others and make referrals to the agencies or individuals that can best address the client's needs.

#### **IV. Harassment**

Academy members do not engage in any type of harassment, sexual or otherwise, in the work place.

a) The Academy considers sexual harassment to be any activity that demeans or creates a hostile environment for an individual through sexual behavior or language. This includes unwelcome or unwanted advances of a sexual nature, verbal and nonverbal behavior of a sexual nature that would be deemed inappropriate by a reasonable person, and soliciting sex within the context of one's professional responsibilities.

b) Academy members do not engage in any other forms of harassment in the work place. This includes activities that involve the exploitation or denigration of others, or, otherwise create a hostile work environment for others.

#### **V. Conflicts of Interest**

Academy members are familiar and adhere to the laws concerning their responsibilities and they are able to anticipate those responsibilities that might potentially conflict with their role as health care provider.

#### **VI. Confidentiality**

Academy members respect the patient-client confidentiality agreement. Because of the potential limitations on confidentiality (as suggested in Principle V), Academy members are careful to apprise their clients of the limits of confidentiality.

#### **VII. Clients Receiving Services Elsewhere**

Individuals being treated for an addiction often receive health services from other sites. In considering whether to treat such individuals, Academy members consult these other services to determine whether the client is best served in this manner. Academy members also anticipate and attempt to resolve potential conflicts that might arise from this arrangement.

#### **VIII. Making Referrals**

In making referrals, Academy members consider the best possible placement for their clients. Such referrals are always based on the best interests of the client and **never** on the financial interests of the clinician. Academy members attempt to familiarize themselves with a particular treatment site before making a referral to that site.

#### **IX. Assessment Tools**

Academy members are careful to use current assessment tools which are compatible with contemporary theories of addiction.

#### **X. Relapse**

Academy members include relapse prevention as part of their treatment approach.

#### **XI. Impaired Professionals**

As a corollary to Principle I, Academy members who develop their own addiction difficulties will refrain from providing treatment until such time as they are able to provide competent treatment.

**I agree to be bound by and to comply with the Code of Ethics as set forth by the American Academy of Health Care Providers in the Addictive Disorders.**

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Signature

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Name (printed)

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Date

