

CBACC PROFESSIONAL CODE AND ETHICAL STANDARDS

(S.6)

To be completed by a **California Board Approved Clinical Consultant**

DO NOT RETURN THIS FORM TO THE APPLICANT

Applicant's Name: _____

In your judgment, is the applicant's professional performance consistent with the standards listed below? Circle the appropriate response. If you circle any "No" answers, please explain below in the comments section.

- | | | |
|--|-----|----|
| 1. Orientation in all efforts toward a primary goal of recovery for client and family. | Yes | No |
| 2. Respect for the confidentiality of all records, materials and communications concerning clients. | Yes | No |
| 3. Respect for client evidenced by an objective, non-possessive professional relationship at all times. | Yes | No |
| 4. No discrimination among clients or professionals on the basis of race, color, creed, age, sex, or sexual orientation. | Yes | No |
| 5. Respect for the rights and views of other gambling counselors and professionals. | Yes | No |
| 6. Respect for institutional policies and cooperation with management functions. | Yes | No |
| 7. Evidence of genuine interest in helping persons with gambling problems and dedication to helping them to help themselves. | Yes | No |
| 8. Willingness to assess his/her own personal and vocational strengths, limitations, and biases. Ability and willingness to recognize when it is to the clients best interest to refer or release him/her to another counselor or program. | Yes | No |
| 9. Willingness to take personal responsibility for continued professional growth through further education or training. | Yes | No |
| 10. Total commitment to providing the highest quality of care through both personal effort and utilization of any other health professionals or services which may assist the client in his/her recovery plan. | Yes | No |
| 11. Does not use alcohol, drugs, nor gamble in a manner that will reflect adversely on the credibility and integrity of the profession. | Yes | No |

Comments:

Name and title of Clinical Consultant (*please print*): _____

Signature: _____ Date: _____ / _____ / _____

Return this form (S.5) along with the S.4 and S.6 forms DIRECTLY to:

California Gambling Counselor Certification Board
41690 Ivy St., Suite A7 ♦ Murrieta, CA 92562
Phone (714) 765-5804 ♦ Fax (951) 266-0072