

AFFIRMATION: All must complete

I certify that I voluntarily make this application, and freely submit myself to the evaluation of the BHS Certification Review. I will accept the decision of the BHS Reviewers and do accept full responsibility for any and all consequences of the process of seeking certification. To the best of my knowledge, the information contained on this application is true and correct. I authorize members or representatives of the BHS Review Staff to contact and obtain information or opinions from any references, employers or educational institutions or agencies deemed necessary in evaluation of this application for certification. I have read the BHS Code of Ethics and understand its meaning. I further understand that any violation of the Code of Ethics may result in suspension or revocation of my certificate. I further understand that revocation of my state credential or license may result in suspension or revocation of my certificate. I understand I must notify BHS of any address or name change within 30 days of occurrence.

Do You Have One Year Of Stable Recovery? ___ YES ___ NO

Date

Signature of Applicant

OPTIONAL:

I waive my right to inspect the results of any such inquiries made in references, employers, or educational institutions. I waive my right to inspect any letter of endorsement or competence evaluation.

Date

Signature of Applicant