



SUBSTANCE ABUSE DISCLAIMER

(Sign only one Section)

1. I understand that by signing below, I am stating that I have not used alcohol or any other drug for a period of two years prior to this application for certification.

Date

Signature

2. I am presently unable to sign the above statement; however, as of _____, I will have met this requirement.

Date

Signature

AFFIDAVIT *

I hereby certify that all of the information given herein is true and complete to the best of my knowledge and belief. I also authorize any necessary investigations and the release of personal information to the State of California, Department of Indian Health Service; Alcohol and Drug Abuse Branch. I understand that falsification of any portion of this application will result in revocation of certification.

I, further agree to hold the State of California, Department of Health, Indian Health Service, Alcohol and Drug Branch, Indian Alcoholism of California, Inc., agents, staff and examiners free from any civil liability for damages or complaints about any action within the scope and arising out of the performance of their duties and which is taken in connection with this application, the attendance examination, the grade on the examination and/or the failure of the Indian Alcoholism Commission of California, Inc., to issue me a Counselor Certification.

Date

Signature

*Unsigned applications will be returned.