PROFESSIONAL CODE AND ETHICAL STANDARDS (S.3)

To be completed by **Supervisor**

DO NOT RETURN THIS FORM TO THE APPLICANT

Α	pplicant's Name:		
lis	your judgment, is the applicant's professional performance consistent with the ted below? Circle the appropriate response. If you circle any "No" answers, plain below in the comments section.		dards
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
Cor	nments:		
Nar	ne and title of Supervisor (please print):		
Signature: Date:/		_/	
	Return this form (S.3) along with the S.1 and S.2 forms DIRECTLY to		