

CODE OF ETHICS AGREEMENT

Substance Abuse Professional (SAP)

Please initial each ethics statement to signify agreement and compliance forthwith:

| Will behave in a professional manner in communications with drug free workplace service |
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| agents, regulatory officials, and industry associations. |
| Will provide the employer with required information relative to employee evaluations. |
| Complies with DOT/ODAPC regulatory and record-keeping requirements. |
| Will be well versed in addiction signs of controlled substances and alcohol abuse/misuse. |
| Will provide employer with initial and follow-up face to face evaluations by way of writter communication containing DOT required information. |
| Will provide follow-up testing schedule only to the employer. |
| Maintain the highest standards of practice and perform all professional functions with honesty and integrity. |
| Handle confidential information received, as a result of employee assessments and keep information in a secure manner. |
| Maintain professional practice standards and appropriate application of federal, state, o local regulations, statutes, or directives in providing employee assessments on behalf of employer. |
| Demonstrate a commitment to the development and maintenance of professional competence and knowledge through comprehensive written standard operating procedures and staff training and evaluation. |
| Respect program participants and their rights. Respect all stakeholders including all Services |
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