



**STATE OF TENNESSEE  
DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES  
OFFICE OF STATEWIDE SYSTEMS OF CARE  
Andrew Jackson Building, 5<sup>th</sup> Floor  
500 Deaderick Street  
NASHVILLE, TENNESSEE 37243**

## **Acknowledgement of the Certified Family Support Specialist Code of Ethics**

By initialing and signing below, you understand that you are required to follow the professional standards of conduct detailed in the Certified Family Support Specialist Code of Ethics. Your initials and signature are required in this section.

By affixing my initials and signature below:

I acknowledge that I have received a copy of the most current Certified Family Support Specialist's Code of Ethics and will be responsible for obtaining all future amendments and modifications thereto.

Initials \_\_\_\_\_

I further acknowledge that I have read and understood all of my obligations, duties and responsibilities under each principle and provision of the Certified Family Support Specialist Code of Ethics and will read and understand all of my obligations, duties and responsibilities under all future amendments and modifications to the Code of Ethics.

Initials \_\_\_\_\_

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature