NATIONAL CERTIFICATION BOARD FOR BEHAVIORAL HEALTH PROFESSIONALS

Code of Ethical and Professional Conduct

Rules of conduct
Complaint, investigation, and discipline procedures
Appeal policies and procedures

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Introduction

The National Certification Board for Behavioral Health Professionals (NCBBHP or the Board) is dedicated to the principle that health and human services professionals must demonstrate high standards of ethical and professional conduct. The Board requires all applicants for NCBBHP certification and NCBBHP-certified professionals to comply with this Code of Ethical and Professional Conduct. This document contains the Rules of Ethical and Professional Conduct; the Complaint, Investigation, and Discipline Process; and the Appeal Process.

The Board is committed to investigating and sanctioning any certified professional who violates this Code. It is the responsibility of certified professionals to become thoroughly familiar with the Rules and Disciplinary Procedures of the NCBBHP Code of Ethical and Professional Conduct and conduct their professional behavior accordingly.

If the Board makes changes to the Code of Ethical and Professional Conduct, it will notify applicants and certified individuals and require basic Ethics 101 training. It remains the responsibility of these individuals to ensure that they comply with the most current standards. The most updated version of the NCBBHP Code of Ethical and Professional Conduct is maintained and available for download on the Board's website.

Definition of Terms

1. **Advisory Council:** A standing committee, when established by the Board, composed of representative certified professionals who provide feedback and direction on policy-related issues, ethical violations, and other issues impacting the certified population.
2. **Appeal:** An independent review of an adverse ethics or disciplinary decision under sections 20 through 25. The review may be conducted on the written record or include a remote appeal meeting as provided in section 23.
3. **Appeal Panel:** The three-member independent panel appointed under section 22 to decide an appeal. All members, including the chair, vote. The panel has final internal appeal authority delegated by the Board's governing body.
4. **Appeal Panel Chair:** The voting member of the Appeal Panel who manages the review, conducts any appeal meeting, documents material procedural rulings, and issues the panel's written decision.
5. **Appeals Coordinator:** The unconflicted administrator who manages appeal filings, appointments, notices, records, and communications. The Coordinator does not determine the merits of an appeal.
6. **Applicant:** An individual who has applied for certification, but is not yet certified, including professionals who are NCBBHP-certified in one area and are seeking additional certification in another area. Applicants are subject to the Code of Ethical and Professional Conduct.
7. **Certified Professional:** An individual with an NCBBHP-issued credential in good standing.
8. **External Administrative Review:** Review of an NCBBHP decision by a governmental agency or other external authority when such review is expressly available under applicable law. Eligibility, filing deadlines, and the effect of a review request on credential status are determined by the governing law and any controlling order. This Code does not create a right to external review where none otherwise exists.
9. **Clear and Convincing Evidence:** Information relating to an allegation which is credible and verifiable, including witness memories that are clear, and without confusion. Such information must create a firm belief and conviction of the truth of the facts presented and, when considered as a whole, must convince the Board without hesitation that the Respondent will pose a threat to the safety and/or well-being of others, especially clients. Clear and convincing evidence is a heavier burden than the "preponderance of the evidence" standard but less than the "beyond a reasonable doubt" standard.
10. **Client:** An individual seeking or receiving services from an applicant or certified professional, or from an organization for which they work as an employee, contractor, or volunteer. This definition includes services provided through self-employment and in peer-support settings.
11. **Code:** An abbreviated term denoting the NCBBHP Code of Ethical and Professional Conduct.

12. **Code of Ethical and Professional Conduct:** The Board's standards of ethical and professional conduct, including rules and procedures for complaints, discipline, and appeals.
13. **Complaint:** A formal written allegation of ethical or professional misconduct by an NCBBHP applicant or certified professional.
14. **Complainant:** An individual who files a formal complaint against an NCBBHP applicant or certified professional.
15. **Consent Order:** A voluntary written agreement between the Board and the Respondent resolving an ethics matter on agreed terms, including any sanctions or conditions, as approved under section 11.1. Any internal-appeal waiver is governed by section 20.5.
16. **Ethics Committee:** A standing committee of subject matter experts who receive and review Investigative Summary Reports and subsequently recommend sanctions, dismissal, or return of the case for further investigation.
17. **Ethics Investigator:** An NCBBHP staff member assigned to conduct the investigative activities necessary to present to the Ethics Committee a full picture of the Complaint, the Respondent's written response, and supporting documentation for review and action.
18. **Fraudulent Claim:** A fraudulent claim includes, but is not limited to, charging a client or a third-party payer for a service not performed, or submitting an account or charge for a service that is false or misleading. Charging for a missed appointment is not considered a fraudulent claim.
19. **Immediate Family:** A spouse, domestic partner, child, parent, parent-in-law, sibling, grandchild, grandparent, or any other household member of an NCBBHP applicant or certified professional.
20. **Investigative Summary Report (ISR):** A document prepared for the Ethics Committee that includes a complete copy of the original Complaint, the Respondent's written response, and other relevant information collected and analyzed by the Board's Ethics Investigator in response to the Complaint.
21. **Preponderance of the Evidence:** A greater than 50 percent chance that the Complainant's allegations are true.
22. **Probative Value:** The degree to which evidence or facts tend to prove the existence of other facts or issues.
23. **Rebuttal:** Evidence presented by the Respondent in written form to contest or disprove a Complainant's reasoning or claim.
24. **Respondent:** An applicant, current credential holder, or former credential holder who is the subject of an ethics complaint, investigation, disciplinary decision, or other adverse determination covered by sections 20 through 28.
25. **Revocation:** The complete forfeiture of all NCBBHP-issued credentials and eligibility to apply for future credentials for a minimum of three years.
26. **Rules:** Standards of ethical and professional conduct that apply to all NCBBHP applicants and certified professionals.

27. **Sanction:** Disciplinary action imposed by the Board under this Code. Sanctions may include fines, written reprimands, suspension, and/or revocation of certification. Sanctions apply to all applications and credentials of the Respondent under the Board, as provided in section 18.4.

28. **Sexual Misconduct:** Engaging, attempting to engage, or offering to engage in any spoken, written, or physical behavior that is intended to be sexually arousing, including kissing, touching breasts, genital areas, buttocks, or thighs, whether clothed or unclothed; any form of intercourse; or any form of oral sex. Applicants and certified professionals are prohibited from any form of sexual conduct, whether consensual or nonconsensual, with: (1) a client receiving services from the applicant or certified professional or from an organization for which they work as an employee, contractor, or volunteer, even if the client is not assigned to receive services from the individual, (2) an immediate family member of a client, or (3) a direct supervisee.

29. **Summary Suspension:** A temporary suspension of NCBBHP-issued credentials or applications when documented facts show a serious current risk to public safety or credential integrity under section 24.2. The written notice, expedited independent review, and continuing reassessment requirements in section 24 apply. A Summary Suspension is an interim measure, not a final finding of misconduct.

30. **Supervisee:** An individual who works under the direct supervision of an NCBBHP applicant or certified professional.

31. **Suspension:** A sanction resulting in the temporary forfeiture of all NCBBHP-issued credentials and eligibility to apply for future credentials until the suspension period and related requirements are satisfied and reinstatement is granted under section 26. Credential status during an appeal and any interim restriction are governed by section 24.

32. **Written Reprimand:** A formal sanction that expresses disapproval and/or provides a warning regarding the Respondent’s behavior. A written reprimand becomes part of the Respondent’s certification record but is not a public sanction. No more than two written reprimands per individual may be issued before suspension or revocation is warranted.

33. **Board:** The National Certification Board for Behavioral Health Professionals (NCBBHP).

Rules of Ethical and Professional Conduct

The Rules of Ethical and Professional Conduct (hereafter, “Rules”) are the foundation of the NCBBHP Code of Ethical and Professional Conduct. All NCBBHP applicants and certified professionals are expected to comply with these Rules. Failure to follow the Rules may result in the formal Complaint process described in the section on Complaint, Investigation, and Discipline Policies and Procedures.

Some of the Rules below are supplemented with a discussion section. The discussion is intended to explain or illustrate the meaning of a Rule. The Rule itself is the formal and authoritative description of the conduct for which disciplinary action may be imposed.

1. Professional Standards

1.1 An applicant or a certified professional will meet and comply with all terms, conditions, or limitations of any professional credential(s) they hold.

1.2 An applicant or a certified professional will not perform services outside of their area of training, expertise, competence, or scope of practice.

Discussion of Rule 1.2: When the therapeutic issues of a client are outside the applicant or certified professional's level of professional functioning or scope of practice, the applicant or certified professional must refer the client to another professional with the qualifications needed to provide the appropriate therapeutic approach for the client.

1.3 An applicant or certified professional will not in any way participate in discrimination based on race, color, sex, sexual orientation, age, religion, national origin, socio-economic status, political belief, psychiatric or psychological impairment, physical disability, or previous therapeutic or treatment occurrences.

1.4 An applicant or certified professional will place their application or credential(s) on inactive status when any mental, physical, or behavioral-health-related adversity interferes with their professional functioning.

Discussion of Rule 1.4: The private life of an applicant or certified professional remains a personal matter to the same degree as any other person. However, when a personal issue begins to adversely affect professional performance, thus reducing the quality of service delivered and putting the client at risk, the applicant or certified professional must take sufficient and timely action to resolve the adversity before returning to professional practice.

1.5 An applicant or certified professional will not practice during the period of any denial, suspension, revocation, probation, other restriction or discipline related to their certification, license, or other authorization to practice that was issued by any certification authority or any state, province, territory, tribe, or the federal government.

1.6 An applicant or certified professional must maintain a high standard of ethical and professional conduct.

Discussion of Rule 1.6: The moral, ethical, and legal standards of behavior of the applicant or certified professional are a personal matter to the same degree as they are for any other individual, except as these may compromise the fulfillment of their professional responsibilities or reduce the public trust in applicants or certified professionals. Further, an applicant or certified professional should be judicious in their use of social media, including messaging that may reflect as conduct unbecoming of a certified professional and/or making or accepting “friendship” requests from clients for a

minimum of 2-years after the termination of professional services has ended to avoid actual or perceived conflicts of interest, breaching of confidentiality, dual relationships, and exploitation that may lead to an ethical complaint or violation.

2. Criminal Activity

2.1 An applicant or certified professional will comply with all State and Federal laws.

2.2 An applicant or certified professional must report to the Board all arrests and case dispositions involving a felony, misdemeanor, or equivalent criminal offense under applicable law, regardless of adjudication. A report of an arrest must be received within 72 hours after release from any local, state, federal, tribal, or other confinement. If the arrest does not involve confinement, the report must be received within 72 hours after the arrest. Each subsequent case disposition must be reported within 72 hours after the applicant or certified professional learns of it.

Discussion of Rule 2.2: Employer notification does not satisfy this rule. The applicant or certified professional must notify the Board, which will record the case for tracking purposes. The applicant or certified professional must keep the Board informed of the case status and subsequent dispositions. The Board will provide directions for any required next steps when the case is resolved. Any interim restriction pending the outcome of the case must satisfy section 24, including its written justification and expedited-review requirements.

3. Professional Boundaries

3.1 An applicant or certified professional will maintain professional boundaries and not engage in an on-going physical or virtual relationship with current or past clients for a minimum of two years after the professional relationship has ended.

3.2 An applicant or certified professional will not engage in any sexual misconduct with a client during the time when services are rendered to the client and for a minimum of two years after the termination of the professional relationship.

Discussion Rule 3.2: This Rule applies to clients receiving services from the applicant or certified professional, including through self-employment, and to clients of an organization for which they work as an employee, contractor, or volunteer, regardless of whether the client is assigned to the individual. The Rule also applies for a minimum of two (2) years from the date of the client's last professional interaction with the applicant or certified professional or the organization. The end of this minimum period does not permit sexual contact that would be exploitative, abusive, or detrimental to the former client's welfare.

3.3 An applicant or certified professional will not engage in sexual misconduct with any family member or guardian of a client during the time when services are being rendered to the client.

3.4 An applicant or certified professional will not engage in sexual misconduct with a supervisee during the time the supervisory relationship exists.

4. Exploitation of Clients

4.1 An applicant or certified professional will not develop, implement, or maintain exploitative relationships with current or past clients, respecting limits (or boundaries), for a minimum of two years after the termination of professional service.

Discussion of Rules 4.1 and 4.2: Ethical problems often arise when an applicant or certified professional blends their professional relationship with a client with another kind of relationship. The nature of the client-professional relationship is such that the client remains vulnerable to the real or perceived influences of the applicant or certified professional. As such, when the therapeutic relationship ends, all forms of the relationship between the client and the service provider must end too, for a minimum of two years.

4.2 An applicant or certified professional will not misappropriate property from a client.

Discussion of Rule 4.2: The term misappropriate means dishonestly or unfairly take something, such as money or property, belonging to another for one's own use. Misappropriation typically occurs when an applicant or certified professional is granted lawful access to a client's money and takes or spends the money for personal gain rather than for direct client care. Additionally, documents or reports created with false or misleading information, specifically designed to sidestep regulations concerning client property are considered misappropriation.

4.3 An applicant or certified professional will not enter a relationship with a client that involves financial gain to the certified professional or a third party because of the promotion or sale of services unrelated to treatment.

4.4 An applicant or certified professional will not recommend to a client any unnecessary, ineffective, or unsafe device, treatment, procedure, product, or service.

4.5 An applicant or certified professional will not solicit gifts or favors from clients.

Discussion of Rule 4.5: When an applicant or certified professional "plays" or "preys upon" the client's gratitude for services, or covertly or overtly implies or states that the client remains indebted and should "repay" the applicant or certified professional through gifts or other favors, the applicant's or certified professional's unique position of trust and responsibility with the client becomes jeopardized.

4.6 An applicant or certified professional will not offer, give, or receive commissions, rebates, or any other forms of remuneration for a client referral.

Discussion of Rule 4.6: This standard refers to activities related to patient brokering.

5. Fraud-Related Conduct

5.1 An applicant or certified professional will not present fraudulent documents to the Board when applying for certification, certification upgrades, or certification renewal.

5.2 An applicant or certified professional will not prepare fraudulent certification documents for other certification applicants.

Discussion of Rule 5.2: This rule applies when falsified documents are identified by the Board or others involved in submitting certification application forms on behalf of applicants.

5.3 An applicant or certified professional will not use a title designation, credential or license, firm name, letterhead, publication, term, title, or document that states or implies an ability, relationship, or qualification that does not exist.

5.4 An applicant or certified professional will not practice under a false name or under a name other than the name under which their certification is held.

5.5 An applicant or certified professional will not prepare, present, or participate in activities related to fraudulent billing or benefit claims under any reimbursement program, benefits program, or insurance policy/program.

5.6 An applicant or certified professional will not produce, publish, create, or partake in the creation of any false, fraudulent, deceptive, or misleading advertisement.

6. Safety & Welfare

6.1 When a condition of clear and imminent danger exists that a client may inflict serious bodily harm on another person or persons, an applicant, or certified professional will, consistent with federal and state confidentiality laws, take reasonable steps to warn any likely victims of the client's potential behavior.

6.2 When a client poses a threat of clear and imminent danger involving serious bodily self-harm, an applicant or certified professional will, consistent with federal and state confidentiality laws, take reasonable steps to protect the client from self-harm.

Discussion of Rules 6.1 and 6.2: The applicant or certified professional should be aware that state and federal regulations exist concerning the confidentiality of communication between applicants and clients, or certified professionals and clients, as well as the confidentiality of client records and other identifying information.

When there is a threat that a client may commit a crime on agency premises or against agency personnel, applicants or certified professionals may directly disclose to law enforcement officers the circumstances of the threatened crime and identity of the client.

In other instances, before such information can be disclosed, it may be necessary for the applicant, certified professional, or relevant agency to make an emergency application to court for an order permitting disclosure of information concerning the client or communications from the client.

7. Records Management

7.1 An applicant or certified professional will not falsify, amend, knowingly make incorrect entries, or fail to make timely essential entries into the client record.

7.2 An applicant or certified professional will comply with all federal and state regulations regarding client records and confidentiality.

Discussion Rule 7.2: Applicants and certified professionals are expected to be familiar with and act in accordance with the confidentiality, privacy, records-access, and records-retention requirements applicable to their jurisdiction, practice setting, and record type. Depending on the setting and records involved, these requirements may include the HIPAA Privacy Rule and 42 CFR Part 2, as applicable, together with relevant state and other applicable laws. The federal Privacy Act of 1974 governs systems of records maintained by federal agencies; it is not a general confidentiality law for all service providers.

7.3 An applicant or certified professional will not access client records for personal or non-work-related purposes.

Discussion Rule 7.3: Applicants and certified professionals may not access records not assigned to them for any reason. An exception may be made in situations such as responding to client needs during emergency events, including natural disasters like hurricanes if there is written, valid authorization from agency leadership.

8. Cooperation with the Board

8.1 An applicant or certified professional will report any violation of the Rules of Ethical and Professional Conduct by filing a formal Complaint with the Board.

Discussion Rule 8.1: An applicant or certified professional should file a Complaint within no more than 30 working days after becoming aware of a violation of the Code. However, the Board will accept Complaints of a violation at any time, including after this recommended reporting period.

8.2 An applicant or certified professional will not provide the Board with false or misleading information or file a false or misleading Ethics Complaint with the Board.

8.3 An applicant or certified professional will comply with all federal and state confidentiality requirements when submitting complaints of ethical misconduct to the Board.

8.4 An applicant or certified professional will cooperate with every part of the investigatory process that follows a Complaint, including any investigation or related proceeding conducted by the Board.

8.5 An applicant or certified professional will not attempt to prevent or interfere with the filing of a Complaint or with any investigation or related proceeding conducted by the Board.

Discussion Rule 8.5: Interference attempts may include but are not limited to: (1) the use of threats or harassment against, or an inducement to, any individual in an effort to prevent a complaint from being filed, prosecuted, or completed; (2) the use of threats or harassment against, or an inducement to, any client or witness in an effort to prevent them from providing evidence in an investigation, disciplinary proceeding, or any other legal action, or (3) the willful misrepresentation of facts before the disciplining authority or its authorized representative.

Complaint, Investigation, and Discipline Process

The Board accepts allegations that NCBBHP applicants or certified professionals have violated the Rules of Ethical and Professional Conduct. Complaints that meet the criteria for investigation may result in disciplinary action. The policies and procedures in this section guide the Complaint, Investigation, and Discipline Process. A Respondent may appeal a covered adverse decision under sections 20 through 28.

9. Oversight and Conflict of Interest

9.1 The Board's Vice President oversees the enforcement of the Code of Ethical and Professional Conduct and supervises the Board's Ethics Investigators and team members.

9.2 The Board President and CEO, or a designee authorized in writing to act for the Board, makes initial disciplinary decisions under section 19. Any additional initial approval required by this Code still applies. Final internal appeal decisions are made by the independent Appeal Panel under sections 22 and 25 and do not require further merits approval by staff, officers, or the governing body.

9.3 Board Ethics Investigators are trained and/or nationally certified to conduct effective and valid investigations into allegations of violation of the Code. Ethics investigators are the primary point of contact between the Complainant and the Board, the Respondent and the Board, and any others involved in the investigation. They are also charged with preparing the results of the investigation for review by the Ethics Committee.

9.4 Ethics Committees are charged with receiving complete investigations, reviewing all investigative reports, and making recommendations for action. Ethics Committees are staffed with odd numbers of members; each member holds certification or is an NCBBHP-approved subject matter expert in the suite of credentials held by the Respondent. The Board's Vice President is a non-voting member of the Ethics Committees.

9.5 Should any party to the Complaint process, including NCBBHP staff, members of Ethics Committees, or the Board of Directors, have a conflict of interest with any party to the case, the duties of said individual shall be delegated, and that person shall be recused from any involvement in the case, including investigation, disciplinary, and appeals processes.

10. Confidentiality of Proceedings

10.1 The Board must maintain the confidentiality of complaint, investigation, disciplinary, and appeal records, except for disclosures required by law, valid legal process, or this Code. Permitted disclosures include the notices, access to relevant case material, and public-status information required by sections 10, 12, 23, and 28. Protected client information and privileged material must be handled as provided in section 23.2.

10.2 The Respondent may ask questions about the allegations, applicable procedures, deadlines, and access to relevant records before or after submitting an Official Response. Staff may explain the process but must not speculate about the outcome or advise the Respondent how to defend the case. Additional relevant information may be submitted before the notified record-closing date. Any later material

proposed as a basis for an adverse decision must be shared with a reasonable opportunity to respond.

10.3 Complaints that are denied for investigation are confidential unless the Complainant appears to be using the Board to harass or otherwise interfere with an NCBBHP applicant's or certified professional's right to work.

10.4 When a Complaint is accepted for investigation, the Board must provide the Respondent with written notice, the Complaint, the Complainant's name, and the supporting documentation, subject to lawful protections under section 23.2. Additional information proposed as a basis for an adverse decision must also be provided with a reasonable opportunity for the Respondent to address it. Notice must comply with section 12.2.1; notice of an adverse decision must comply with section 21.1.

10.5 Before an initial adverse disciplinary decision is made, the Respondent must receive the Investigative Summary Report and the relevant materials relied upon, with a reasonable opportunity to submit a written response. The Board may redact or appropriately summarize protected information under section 23.2. This right does not require disclosure of privileged legal advice, internal deliberations, or unrelated records. The appeal record and any later submissions must be provided as required by section 23.

11. Consent Order

11.1 A Consent Order is a voluntary written agreement between the Board and the Respondent resolving an ethics matter on stated terms, including any sanctions or conditions. It becomes binding when signed by the Respondent and approved by the initial disciplinary authority identified in section 9.2. An internal-appeal waiver must be express, informed, and voluntary. No waiver may remove a right that cannot lawfully be waived. A challenge to the agreement's validity or implementation is reviewed as provided in section 20.5.

11.2 A Respondent may agree to a Consent Order as their initial response to the Notice of Complaint or a Respondent may request a consent order during an active investigation. The Respondent's request to transfer to a Consent Order rather than continue the investigation is due, in writing, to the Board investigator assigned to their case no less than 10 business days prior to the scheduled Ethics Committee review of the case. The determination to accept or reject the request will be made by the Board's Vice President within two (2) business days of receipt of the request.

11.2.1. Consent Order Accepted: Within 10 business days of approving a request to enter a Consent Order, regardless of request pathway, the Board will prepare an official Consent Order for signature by the Respondent. The order will be sent to the email address of the Respondent, who must return the signed order to the Board investigator assigned to their case within five (5) days of receipt from the Board. Failure to return the signed order within these time limits will result in revocation of the offered Consent Order and the reinstatement of the investigative process as detailed herein.

11.2.2. Consent Order Rejected: Within two (2) business days of denial of the request to enter a Consent Order, the Board investigator assigned to the case will notify the Respondent of the determination by email. The investigative process will continue.

11.3 Executed Consent Orders are reported to the Ethics Committee and the Board's governing body at their next regularly scheduled meetings.

12. Due Process and Need to Maintain Current Contact Information

12.1 The Board is committed to assuring all NCBBHP applicants and certified professionals are afforded due process. When a Complaint is accepted for investigation, due process requires that the Board give to the subject of a Complaint accepted for investigation: (1) official and timely notice, (2) an opportunity to present their response to the Complaint, and (3) a decision by neutral decision makers. The policies and procedures detailed herein are established to afford due process to all NCBBHP applicants and certified professionals alleged to have violated the Code.

12.2 NCBBHP applicants and certified professionals must maintain current primary email and physical mailing addresses with the Board to ensure that the Board can notify them of complaints, investigations, findings, discipline, appeal opportunities, and other activities.

12.2.1. Unless another method is specified in this Code, the Board may send up to two email notices and two certified-mail notices to the addresses of record to provide official notice. Notices of adverse decisions and appeals must follow section 21.1 and sections 20 through 28, including their delivery, filing-period, and credential-status requirements.

12.2.2. Failure to maintain current contact information does not, by itself, establish a procedural error by the Board. A disputed notice or request to accept a late appeal must nevertheless be reviewed under section 21.5, considering the documented delivery record and any supported good cause.

12.2.3. Failure to respond or otherwise participate does not, by itself, establish procedural error or excuse compliance with a deadline. It also does not establish an ethical violation or bar an otherwise permitted appeal. After proper notice and an opportunity to participate, the Board may proceed on the available evidence under the applicable standard of proof.

12.3 The Respondent must have an opportunity to submit a written response to the Complaint and to the material proposed as a basis for an adverse decision, as provided in section 10. The response must be included in the material considered by the Ethics Committee and the initial decision maker. Respondents do not attend private committee or panel deliberations. Appeal review and any remote appeal meeting are provided under section 23.

13. Reporting Complaints about Ethical or Professional Misconduct

13.1 The Board accepts Complaints from any person who, in good faith, has suspected or verified knowledge of an NCBBHP applicant or certified professional violating the Code.

13.1.1. The Board may initiate a Complaint for cause.

13.1.2. The Board does not accept anonymous Complaints.

13.2 The Board encourages reporters to submit Complaints within no more than 30 working days of becoming aware of the allegation; however, the Board encourages and will accept Complaints after the recommended 30-day reporting period.

13.3 Reporters submit complaints to the Board by completing the online NCBBHP Ethics Complaint Form (maintained on the Board's website) and supporting documentation.

13.4 A Complainant may ask to revoke a submitted Complaint; however, the Board may choose to pursue the investigation under its own authority.

14. Reviewing Response and Rebuttal, Determining Appropriate Action, Noticing Parties

14.1 Within seven working days after receipt of a complete Complaint, the Lead Ethics Investigator must evaluate the Complaint and supporting documentation and recommend action to the Board's Vice President. The Vice President must decide whether to accept or dismiss the Complaint within 10 working days after receipt of the complete Complaint, making one of the following determinations:

14.1.1. Accept the Complaint, open a file, update the credential record to "Certified – Open Ethics Investigation" when applicable, and initiate the Response and Rebuttal phase. Any Summary Suspension or other interim restriction must meet the requirements in section 24. Acceptance of a Complaint does not itself establish a violation.

14.1.2. Dismiss the Complaint if the alleged conduct, even if proven, would not constitute a violation of this Code warranting discipline or further investigation.

14.2 The Board will notify the Complainant and, if appropriate, the Respondent, within 5 working days of determination to dismiss or accept the Complaint for investigation.

14.2.1. If the Board dismisses a Complaint, they will send a formal email notice to the Complainant detailing the rationale supporting the denial and any next steps for follow-up, if appropriate. This is the final official communication between the Complainant and the Board regarding the Complaint. The Board will not notify the Respondent of a complaint denied.

14.2.2. If the Complaint is accepted for investigation, notices will be sent to the Complainant and Respondent as follows:

a. Notice to Complainant: An email notice will be sent to the Complainant detailing the Board's decision to open a case, actions taken to notify the Respondent, and next steps.

b. Notice to Respondent: An email notice and a hard copy certified U.S. mail Notice of Investigation will be sent to the Respondent detailing actions taken by NCBBHP, if any, and next steps.

15. Response and Rebuttal

15.1 The due date for the Official Response to the Complaint is 20 working days from the date the Board emails the Notice of Complaint to the Respondent. The Respondent may request additional time to submit a response. The final decision to grant or deny a request for additional time is at the sole discretion of the lead investigator.

15.2 The Respondent may take any of the following actions in response to the Notice of Investigation:

15.2.1. Provide a timely Official Response to the Complaint.

15.2.2. Request a Consent Order.

15.2.3. Not submit a response. After proper notice and an opportunity to respond, the Board may continue the investigation and decide the case on the available evidence. A failure to respond is not an admission of guilt and does not relieve the Board of its burden under section 18.1. It does not, by itself, establish procedural error or prevent a timely appeal on a permitted ground.

15.3 The Board expects the Respondent to prepare an Official Response to the Complaint with the following minimum information:

15.3.1. The Respondent's name, employment status at the time of their response (to include position and employer), employment status at the time of the alleged conduct (to include position and employer), specific response to each allegation contained in the Complaint; and supporting detail and/or documentation to support the response.

15.3.2. The Respondent may also identify other individuals the Board may contact as part of the investigation. If others are identified, the Respondent must provide their name and contact information, explain their relationship to the Complainant, and summarize their involvement and/or knowledge of the events or situation that led to the allegation(s) and complaint.

15.4 If an Official Response to the Complaint is received, within 5 days of receipt, the Board will send a complete copy of the Official Response to the Complaint to the Complainant for rebuttal. The Complainant has 5 days to submit a written rebuttal to the Official Response to the Complaint.

16. Management Review of Response and Rebuttal; and Recommendation

16.1 Within no more than (5) business days of the due date of the Official Rebuttal to the Response, the investigator will make a recommendation to the Board’s Vice President to either continue the investigative period or dismiss the complaint.

16.1.1. If the investigation is warranted, an Official Notice of Investigation will be provided to the Complainant and the Respondent by email.

16.1.2. If the case is dismissed without further investigation, the Complainant and Respondent will receive an Official Notification of Dismissal. The dismissal will be reported to the Ethics Committee at its next regular scheduled meeting.

17. Investigation and Investigative Summary Report

17.1 Once a Complaint is accepted, the Respondent must receive notice and the opportunity to respond within the 20-working-day period provided in section 15.1, subject to any approved extension. The Investigator must review any response received. Failure to respond is handled under section 15.2.3.

17.2 The Investigator must combine the relevant information into an Investigative Summary Report (ISR) for the Ethics Committee. The report and supporting investigative documents must be provided to committee members at least 10

business days before the scheduled meeting, as required by section 19.2.1. Disclosure to the Respondent and the opportunity to address adverse material are governed by section 10.

17.3 The Investigative Summary Report includes, at a minimum, six sections:

17.3.1. Complaint: A summary of the Complaint, including any additional allegations that may have been determined because of the Investigation and a complete copy of the original Complaint submitted by the Complainant.

17.3.2. Timely Response to Complaint: A list of all email and certified U.S. mail attempts to notice the Respondent of the investigation, including the required response date and the actual response date, if any.

17.3.3. Complaint Response: A summary of the Response to the Complaint, as submitted by the Respondent, and a complete copy of the written Response submitted by the Respondent.

17.3.4. Complaint Rebuttal and Response: A summary of the Rebuttal (if provided), as submitted by the Complainant, and a complete copy of the written Complaint Response to the Rebuttal, if provided.

17.3.5. Investigative Findings: A summary of the investigation conducted, including all individuals contacted, information collected and documentation received, and investigative findings. Original investigative documents accompany the ISR as supporting materials and need not be duplicated within the report. Disclosure and access are governed by sections 10 and 23.

17.3.6. Board Recommendation for Action: A supported recommendation to the Ethics Committee to either dismiss the case, recommend sanctions, or engage in further discussion to determine appropriate actions.

18. Disciplinary Sanctions

18.1 The Board must establish an ethical violation by a preponderance of the evidence, meaning more likely than not, unless this Code or applicable law requires a higher standard. Discipline must be applied consistently to comparable violations, with the sanction reflecting the findings, applicable sanction provisions, and circumstances of the case. The decision must state the evidence, findings, standards, and reasons supporting the action.

18.2 The possible sanctions for violation of ethical or professional standards of conduct may be applied in any order or combination and include Denial of Eligibility to Apply for Certification, Written Reprimand, Suspension, Revocation, Fines, Training Requirements, and/or Evidence of Rehabilitation. If fines are assessed, they may not exceed $500 for a first offense, $750 for a second offense, and $1,000 for a third offense.

18.3 The Committee may consider the Respondent's history concerning ethical allegations or other discipline when determining sanctions for the current case.

18.3.1. A Respondent may only receive two (2) written reprimand sanctions. If additional discipline is necessary, the sanction must include a minimum 90-day suspension.

18.3.2. If a Respondent has been sanctioned twice at any level in the two (2) years prior to the current case and additional discipline is necessary, the sanction must

include a minimum 12-month suspension or revocation, depending on the case circumstances.

18.4 Sanctions apply to all applications and credentials of the Respondent under the Board. The written decision must identify the affected applications and credentials. A sanction does not automatically determine the status of a credential or license issued by another national board, state board, or other authority; that authority acts under its own applicable procedures and law. Required notices and referrals are governed by section 28.

18.5 Credentials will be revoked for individuals who have committed any of the following actions:

18.6 (a) Sexual misconduct of any kind, (b) Intentional falsification of official client records, (c) Accessing official client records and other databases for non-work-related purposes.

18.7 Credential revocation lasts for a minimum of three (3) years. The Respondent may submit a Request for Eligibility Reinstatement after Revocation once the three-year time limit has elapsed.

18.8 Timelines and specific requirements to satisfy credential suspensions are established on a case-by-case basis. All requirements must be met before an individual may submit a Request for Reinstatement after Discipline under section 26.2. This requirement does not apply to restoration required by an appeal decision or controlling order, or withdrawal of an interim restriction, under section 26.3.

19. Ethics Committee Meetings, Recommendations for Action, Noticing Parties

19.1 The Board convenes the Ethics Committee responsible for reviewing alleged violations involving its behavioral health credentials. The committee operates under the oversight and conflict-of-interest requirements established in this Code.

19.2 The Board schedules Ethics Committee meetings as necessary consistent with the workload of the Investigations unit and the availability of committee members.

19.2.1. Committee members are provided with a full and complete copy of the Investigative Summary Report and all supporting investigative documents a minimum of 10 business days before the scheduled meeting.

19.2.2. Committee meetings are conducted by the Board’s senior investigative staff or their designee approved by the Board’s Vice President. The Board’s Vice President or their designee must attend all Ethics Committee meetings.

19.2.3. For each case reviewed, each committee member will cast one of the following votes: dismiss the case without further investigation; return the case for additional investigation; or sanction the Respondent, to include the recommended sanction(s). A unanimous vote is not required. Absent compelling circumstances, the sanction with the highest number of votes will be recommended for action.

19.3 Within five business days after the Ethics Committee meeting, the Senior Ethics Investigator must prepare written recommendations for the initial disciplinary authority identified in section 9.2. The report must summarize the Complaint, findings, relevant responses, and recommended action. Within five business days

after receipt, that authority must review the report and make one of the following initial determinations:

19.3.1. Accept the Ethics Committee's recommendation as presented.

19.3.2. Decline the recommendation and impose different initial sanctions with approval of the Board's governing body. Any resulting adverse decision remains subject to the independent appeal provided in sections 20 through 25.

19.3.3. Return the matter for further investigation. Any additional material proposed as a basis for an adverse decision must be disclosed with a reasonable opportunity for the Respondent to address it under section 10.

19.4 Within five business days after the initial determination, the Board must send the Respondent a written Notice of Investigation Outcome meeting section 21.1. It must identify the findings, standards, reasons, affected applications and credentials, proposed action, effective date, and instructions for filing an appeal within 30 calendar days after effective notice. Credential status and implementation must follow section 24; notices to the Complainant and others and public-status updates must follow section 28. Staff and officers implement the final appeal decision without another merits approval.

Appeal Process

The Board provides a fair, independent review of adverse ethics and disciplinary decisions through the procedures below. These procedures apply to the affected national credential and preserve any additional review required by applicable law.

20. National Appeal Authority

20.1 These procedures govern ethics and disciplinary appeals for credentials issued by the National Certification Board for Behavioral Health Professionals (NCBBHP). Respondent includes an applicant, current credential holder, or former credential holder affected by the decision.

20.2 A Respondent may appeal an ethics-based denial of certification or renewal, a disciplinary finding or sanction, or an adverse decision under section 26 or 27. Routine examination, eligibility, and renewal-administration disputes follow their applicable program procedures and law.

20.3 The NCBBHP administers the process; the NCBBHP retains responsibility for its credential decisions and designates a case representative to present its response. Referral of conduct to a state agency does not transfer the national appeal. A different arrangement for a state-owned credential requires applicable law or a legally authorized written agreement identifying the decision maker, appeal route, and individual's rights.

20.4 The Board may use reliable court, regulatory, employment, or credentialing findings and records after giving the Respondent an opportunity to address their relevance and effect. A parallel proceeding does not automatically stay the national case or eliminate an appeal. Any coordination or deferral must be explained in writing and periodically reviewed.

20.5 Only the Respondent may appeal under these procedures. A complainant may provide relevant information and receives the notices required by section 28. A Consent Order with an informed, voluntary written waiver of internal appeal is not appealable on its merits. A claim that the agreement was obtained through fraud or coercion, or was applied contrary to its terms, may be submitted for independent review under this process. No agreement waives rights that cannot lawfully be waived.

21. Requesting an Appeal

21.1 The Board must provide a written decision stating the findings, applicable standards, reasons, proposed action, effective date, appeal instructions, and the date notice is effective. The Respondent has 30 calendar days after effective notice to submit an appeal. Notice is effective on documented email transmission to the address of record, provided no delivery failure is received; a portal notice also requires an email alert. If electronic delivery fails, the Board must use another documented delivery method and calculate the period from that delivery date.

21.2 The appeal must identify the Respondent, challenged decision, ground under section 21.3, supporting reasons, and requested relief. It must include available supporting materials and identify requested records not yet provided. It may be submitted through the designated email address or portal, with an accessible alternative available when needed. No appeal filing fee is charged.

21.3 An appeal must identify one or more of the following grounds:

21.3.1. A material procedural error that affected, or could reasonably have affected, the outcome.

21.3.2. Misapplication of an ethical standard, credential requirement, or published disciplinary policy.

21.3.3. A finding not adequately supported by the record, or a sanction inconsistent with the findings or applicable sanction provisions.

21.3.4. Significant new evidence that was not reasonably available earlier and could materially affect the outcome.

21.4 Within five days after receipt, an Appeals Coordinator must acknowledge the request and identify any missing information. The Respondent has 10 days after that notice to correct deficiencies. A timely request identifying the decision and an appeal ground preserves the filing date while deficiencies are corrected. Staff may check completeness but must not reject an appeal on its merits.

21.5 An unconflicted Appeal Panel decides disputed timeliness, sufficiency of grounds, or a request to accept a late appeal. It may accept a late filing for documented good cause, including defective notice, serious incapacity, or significant evidence that could not reasonably have been discovered earlier. It must allow required correction and record-response periods before rejecting a request and give written reasons. An accepted late appeal is treated as timely from acceptance for sections 24 and 28; acceptance does not retroactively invalidate prior action. Disagreement alone, without a stated ground and supporting explanation, is insufficient.

21.6 All periods in sections 20 through 28 use calendar days, beginning the day after the triggering event. Deadlines falling on weekends or U.S. federal holidays move to the next nonholiday weekday. Electronic filings are due by 11:59 p.m. Eastern Time. Reasonable extensions for good cause, accessibility needs, or unavoidable circumstances require a documented reason and revised deadline, subject to the stricter interim-review rule in section 24.3.

22. Independent Appeal Panel

22.1 The Board’s governing body must approve a reviewer roster and delegate final internal appeal authority to the Appeal Panel in writing. An Appeals Coordinator with no substantive involvement in the original case must appoint a panel within 15 days after appeal receipt. An unconflicted governing-body designee substitutes for a conflicted Coordinator.

22.2 Each panel has three voting members, one of whom serves as chair. Collectively, they must understand the applicable Code, fair review procedures, and the credential’s role and scope; at least one must have relevant practice or subject-matter expertise. Holding the identical credential for a specified number of years is not required.

22.3 A panel member must not have investigated the case, represented a party, recommended or approved the original decision, or have a relationship or interest that reasonably calls impartiality into question. The original decision makers and investigators may provide information but must not participate in panel deliberations or direct its decision.

22.4 The Coordinator must disclose panel members' names and allow five days for supported conflict objections. An unconflicted governing-body designee decides objections, gives written reasons, and arranges any replacement. Later-discovered conflicts must be raised promptly. Replacement members must review the record before participating.

22.5 All three members must participate; two votes determine an outcome. Case communications pass through the Coordinator; substantive communications must be shared with the Respondent and the Board's case representative. Private communications with panel members about the merits are prohibited. Scheduling, records requests, and lawful consultation with counsel or advisers remain permitted.

23. Review of the Record and Appeal Meetings

23.1 Within 10 days after receipt of the appeal, the Board must provide the Respondent and panel with the decision, complaint, responses, investigative report, and the material relied upon or proposed for use on appeal, including relevant material that contradicts a finding. The Respondent may supplement the appeal within 10 days after both the record and panel-appointment notice have been provided. A records delay must not forfeit a timely appeal.

23.2 Client information and other protected material may be redacted or appropriately summarized. Privileged legal advice and internal deliberations need not be disclosed. The Board must explain material withheld and, where lawful, provide enough factual substance for a meaningful response. The panel must not base an adverse finding on information the Respondent has had no meaningful opportunity to address.

23.3 The Board's case representative has 10 days after the Respondent's supplement, or the supplement deadline, to respond. The Respondent then has 10 days to reply. Any later material that the panel proposes to consider must be shared, with a reasonable opportunity to respond. The chair may limit repetitive or irrelevant submissions and must explain any material exclusion.

23.4 The Respondent must explain an appeal ground and support the requested relief. The Board retains the burden of supporting an underlying ethical violation by a preponderance of the evidence, meaning more likely than not, unless the Code or applicable law requires a higher standard. The panel must consider the whole relevant record and must not require the Respondent to prove innocence.

23.5 Written review is the usual process. On request, the Respondent must be offered a private remote appeal meeting when the decision involves suspension, revocation, ethics-based denial of certification or renewal, denial under section 26 or 27, or another publicly reported disciplinary sanction. The panel may also hold a meeting when disputed facts, credibility, or fairness require it. A request to reverse an interim restriction is handled promptly under section 24.

23.6 The chair must give at least 14 days' notice unless the Respondent agrees to less. Notice must identify issues, participation methods, submission deadlines, and accommodations. The Respondent may participate personally or with counsel or another representative at the Respondent's expense. The Board must provide reasonable accommodations and a workable alternative when video access is unavailable.

23.7 The Respondent and case representative may explain their positions and present relevant documents or witnesses. Questions may pass through the chair, with a meaningful opportunity to challenge material testimony. Formal court procedures and unrestricted discovery are not required. The Board must record the meeting and provide a lawfully redacted copy to the Respondent on request.

23.8 Failure to attend a meeting does not by itself establish guilt or cancel a timely written appeal. After reasonable notice and an opportunity to explain the absence, the panel may decide on the available record or reschedule for good cause. The chair must protect participants from intimidation, retaliation, or interference and document material procedural rulings.

24. Credential Status and Interim Protection

24.1 Unless section 24.2 applies, a final disciplinary sanction must not take effect during the 30-day filing period or while a timely appeal is pending. An otherwise current credential remains valid, subject to any existing restrictions and an accurately described open-investigation status. An appeal does not award a denied credential, excuse renewal requirements, or extend a credential that expires for an independent reason. An appeal under section 26 or 27 does not stay previously final discipline.

24.2 The Board may impose or continue a temporary restriction when documented facts show a serious current risk to public safety or credential integrity. It must state the supporting facts, why immediate action is needed, the scope and effective date, and the expedited-review right. The restriction must be proportionate to the identified risk. An interim action must be identified as temporary and must not be presented as a final finding of misconduct.

24.3 The Respondent may request review of an interim restriction before a final decision. The Coordinator must promptly appoint an unconflicted panel, which must issue a reasoned written determination within 10 days after the request, allowing a reasonable opportunity to address the supporting information. An extension requires the Respondent’s request or compelling documented circumstances and prompt notice of the revised date. The panel may uphold, narrow, replace, or lift the restriction. This limited risk review does not decide the merits; the same independent panel may later hear the merits appeal.

24.4 The Board must reassess and document the need for a continuing interim restriction at least every 30 days and notify the Respondent of any change. Material new information or unreasonable delay may support another expedited review. A related state investigation or appeal does not automatically suspend or restore the national credential. Applicable law and controlling orders govern any required effect.

25. Appeal Decisions and External Review

25.1 The panel must issue a reasoned written decision within 90 days after the appeal is received. An extension must identify the specific reason, the revised decision date, and the effect on credential status. It must last no longer than reasonably necessary. If delay continues, the Coordinator must provide a written update at least every 30 days. A missed administrative deadline alone does not establish guilt or automatically decide the appeal.

25.2 The panel may affirm, reverse, or modify the decision or return a specific issue for additional fact-finding or a corrected procedure. On a return, it retains jurisdiction and must state the issue, instructions, and schedule; the Respondent may address the resulting material before final resolution. The panel must not impose a more severe sanction through the appeal. New allegations require separate notice and the applicable disciplinary process.

25.3 The decision must state the issues, appeal grounds, material findings, applicable standards, reasons, outcome, and any sanction or corrective action. It must give the effective date, credential status, compliance or restoration steps, and applicable external-review information. The Respondent must receive a complete copy automatically.

25.4 The panel's decision is final within the Board's internal appeal process. Staff and officers implement it without a further merits approval or override. This does not prevent correction of a clerical error, compliance with a controlling order, or action on genuinely new misconduct through a separate process. Later requests under sections 26 or 27 concern present eligibility or compliance and do not reopen the original sanction.

25.5 Applicable law and controlling orders govern external review, filing deadlines, exhaustion requirements, and effects on credential status. These procedures create or remove no external review right. Where a right applies, the final notice must identify the authority, deadline, and available filing instructions. Residence alone does not designate a state agency as the national board's appellate body.

26. Reinstatement after Suspension

26.1 A person whose national credential is suspended must not use or represent it as active or apply for another credential from the Board unless the final decision expressly permits an application. The stay and interim-review provisions in section 24 control while an appeal is pending.

26.2 After completing the required suspension period and conditions, the person may request reinstatement with evidence of compliance. The Board's designated credentialing authority must issue a written determination within 30 days after receiving a complete request, or explain any necessary extension. A denial must state the unmet conditions and explain the right to appeal under this process.

26.3 When an appeal decision or controlling order requires restoration, or the Board withdraws an interim restriction, the Board must restore the appropriate status promptly without a separate discretionary reinstatement application. Independently applicable expiration, renewal, and other valid restrictions still apply. Public records and notices must be corrected under section 28.

26.4 The notice must state the effective date, remaining conditions if any, and the next renewal date. The renewal schedule for a reinstated credential follows the schedule used for a newly awarded credential.

27. Eligibility after Revocation

27.1 A person may request eligibility to apply again after the minimum three-year revocation period and any longer period required by the final decision or law. Passage of time does not automatically restore eligibility or the revoked credential.

27.2 The request must document completion of required conditions, address the conduct that led to revocation, and provide relevant evidence supporting safe and ethical practice. The Board's designated credentialing authority must issue a reasoned written determination within 60 days after receiving a complete request, or explain a necessary extension. A denial must identify the reasons and the right to appeal the current eligibility decision.

27.3 Approval grants permission to apply; it does not reinstate the revoked credential. The person must submit a new application and meet all current requirements. Documents, transcripts, test scores, and other supporting materials from the revoked credential's prior application will not be transferred to the new application.

27.4 The record must accurately show the revocation, subsequent compliance, and any later eligibility or certification decision. Approval to reapply must not be represented as reversal of the original discipline.

28. Notices and Records

28.1 The Board must notify the complainant of the disposition when the decision becomes final internally or the appeal period expires. It must notify the current employer of record when a credential is placed in interim suspension, final suspension, or revocation, and make referrals required by law or the Code to relevant licensing, regulatory, credentialing, or law-enforcement authorities. Notices must accurately distinguish allegations, interim measures, final findings, and any known external review.

28.2 Open-investigation and interim-status notices must accurately describe the current status under section 24. An otherwise valid credential must not be shown as finally suspended or revoked while a sanction is stayed. Interim notices must state that the restriction is temporary and that the merits are not finally determined.

28.3 Final sanctions are implemented after the filing period expires without a timely appeal, after an informed internal-appeal waiver, or on the effective date in the final appeal decision, subject to section 24 and controlling law or orders. Public sanction notices must identify the person, affected credential, violated standards, sanction, effective date, and current status. Written Reprimands remain nonpublic as provided in the Code.

28.4 Within five days after a decision becomes effective, the Board must update credential verification and required notices. A reversal, dismissal, restoration, or completed sanction must be reflected accurately; outdated open-status flags must be closed. Any retained public history must show the subsequent outcome and must not present an unproven allegation as a finding. A final decision involving immediate protection or a legally required notice must be implemented sooner when necessary.

28.5 The Board must retain appeal requests, records, submissions, rulings, recordings, and decisions under approved retention requirements and legal holds. Disclosures must comply with law and the Code. Lawful reporting to authorities and confidential consultation with legal counsel or advisers remain permitted.