



Arkansas Board of Examiners in Counseling  
101 East Capitol, Suite 202  
Little Rock, AR 72201

**Reference: Incapacitation or Termination of Practice Plan (C.2.h Plan) as per ACA Code of Ethics C.2.h must be kept current.**

The Incapacitation or Termination of Practice (C.2.h) plan is paragraph stating should you become incapacitated or terminated from your place of employment that your files/clients would be transferred to another counselor by a supervisor or the person in charge of records or person you designate as responsible party.

If employed by an agency:

The Incapacitation or Termination of Practice (C.2.h) plan must be on current agency letterhead with address and phone numbers and be signed and dated by yourself and by the person designated as the responsible party should you become incapacitated. Plan should include information as to who will be the responsible party, their address and phone number, how and where records will be secured and how clients will be transitioned.

Attach a copy of agency policy for your C2.h plan, if agency has plan in place.

If in private practice:

The Incapacitation or Termination of Practice (C.2.h.) plan must be on your current private counseling letterhead with address and phone numbers and be signed and dated by yourself, and by the person designated as the responsible party should you become incapacitated. The plan should include information as to who will be the responsible party, their address and phone number, how and where records will be secured and how clients will be transitioned.

Plan should always be current and reflect your current place of employment.

Signatures must be full legal name and legible.