



**Qualified Applied Behavior Analysis
Credentialing Board®**

QABA ETHICAL CODE OF CONDUCT



QABA ETHICAL CODE of CONDUCT

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INTRODUCTION

The QABA Ethical Code of Conduct applies to all actively certified providers, applicants and approved CE providers.

The QABA Ethical Code of Conduct is a set of guidelines that applies to all credentialed providers, applicants and approved CE providers. In keeping with our QABA mission to establish the highest standard of care and to empower all professionals who provide behavior intervention services to individuals with neurological/development autism spectrum disorders and related disorders, our Ethical Code of Conduct is intended to provide guidance for certified professionals and their employers as to standards of conduct within the field of professional behavior analysis. The goal is to provide a framework that will promote ethical behavior and enhance professional judgment. The Ethical Code of Conduct is necessary to ensure professionals take the reasonable steps to safeguard: the client's welfare and rights, a standard of care and treatment, professional conduct, supervision, conflict resolution, appropriate training/research and other applicable professional responsibilities. If the Ethical Code of Conduct does not directly resolve an ethical dilemma, the certificant is to consult and determine what the prevailing decision would be with other professionals engaging in a similar capacity and/or activity. The Ethical Code of Conduct addresses ethics for all levels of certificants and applicants. Though some codes may relate to a specific certificate, the ethical standards are a comprehensive and universal guideline for the professional field and the responsibility of all levels of professional development.

1.0 COMPLIANCE

1.1 Adherence to Code of Ethics

- a. Certificants dedicate themselves to read, understand, and utilize the Ethical Code of Conduct as a standard of care. Lack of knowledge of the code of conduct does not excuse accountability.
- b. Certificants recognize a duty to adhere to all laws, rules and regulations, policies and ethical standards that apply to the practice of applied behavior analysis.
- c. Certificants follow the ethical codes and supervision standards related to ABA as required by other additional licenses, certifications, or memberships held. They abide by



pertinent laws, institutional rules, or professional behavior standards within their provision of service.

1.2 Ethical Responsibility

a. If certificants are aware of any Code of Ethics violation by a fellow certificant, they are responsible for informing the certificant of the violation. If the unethical conduct continues, the certificant will report the violation to the QABA board. Awareness of any violation by a fellow certificant that involves neglect, endangerment, safety, or legal consequences should be reported to the QABA board immediately and to local authorities. Any certificants under investigation or facing legal charges directly related to their professional work as a behavior analyst or related to the mistreatment of vulnerable populations should be reported to the QABA board within three business days of becoming aware of the investigations and/or charges.

1.3 Ethical Dilemmas

Concern over adherence to professional standards and/or compliance with the QABA Ethical Code of Conduct will be reported to a supervisor/leadership within the scope of service. When in doubt, it is best to review the code of conduct and utilize supervision relationships for further discussion. Discussion of individual situations provides learning experiences for all professionals and ensures integrity of the profession.

2.0 COMPETENCE

2.1 Scope of Competence

- a. Certificants practice within their scope of competence as established by their education, training and experience. Any requests to provide services outside of the scope of the certificant must occur under the direct supervision of a qualified individual or organization knowledgeable in the services provided.
- b. Paraprofessional certificants always provide services under supervision as outlined in QABA Policies and Procedures and the [ABAT Candidate Handbook](#).
- c. Certificants submit qualified referrals to clients when asked to provide



services outside of their scope of competence or their current training. In emergency situations, certificants consult with a supervisor and/or receive training for the requested service but referrals are provided as soon as possible.

2.2 Professional Development

Certificants maintain competence through continuing education requirements and will self-initiate any additional training and education to strengthen and enhance their skills and knowledge as it pertains to the populations in which they serve.

2.3 Integrity

- a. Credentialed professionals maintain the highest standards of professional behavior and act in the best interest of the client.
- b. Certificants will demonstrate trustworthiness, honesty, fairness, and sincerity.
- c. Certificants uphold the principles of behavior analysis, utilizing scientific methods for treatment and intervention.
- d. Certificants engage with clients, colleagues, families, and stakeholders in a manner that promotes honest and trustworthy working environments.
- e. Certificants provide truthful, thorough, and accurate information directly related to educational qualifications, supervision requirements, services rendered (etc.) to the QABA board.
- f. Certificants adhere to rules and regulations regarding examination and testing procedures, audits, and safeguard any and all materials related to examination and QABA materials.
- g. Certificants provide accurate and prompt information to QABA regarding application, certification and renewal. It is the responsibility of the certificant to maintain current and accurate contact information, records, up-to-date public registry and current employment status by informing QABA in writing of any needed adjustments.

2.4 Impaired Certificants

Certificants cease treatment if there are physical, psychological or legal factors impeding their ability to provide necessary and effective treatment, or if other



issues render them ineligible to maintain the certificate. Consultation, supervision, and transition of clients is to occur without delay. The certificant is encouraged to seek the appropriate help to restore their work preparedness.

3.0 PRIVACY/CONFIDENTIALITY

3.1 Confidential Information

- a. All information regarding clients, identifying information, diagnosis, assessment, treatment, and prognosis are confidential. Certificants are to comply with all privacy and confidentiality rules in the state or country of residence/practice. In the U.S., certificants are expected to follow the rules outlined in the [Health Insurance Portability and Accountability Act of 1996 \(HIPAA\)](#) in addition to any state or local municipality laws, rules or regulations. Certificants outside of the U.S. without existing privacy or confidentiality guidelines, should abide by the minimum standards described in HIPAA laws in addition to rules and regulations required by their local, state, or federal regulations.
- b. In countries other than the U.S., all communications and identifying information in email, fax, or other written documents are to comply with HIPAA and/or state laws and country of residence guidelines. Certificants utilize appropriate security measures or encryption when transferring confidential information.
- c. All supervision through video recording, tele-supervision, and all communication systems will be compliant with state/country's privacy and confidentiality laws, and HIPAA- compliant where applicable.
- d. Certificants keep confidential all QABA examination information, other proprietary information and will prevent unauthorized disclosures of exam information.

3.2 Disclosure and Expressed Authorization

Disclosure of confidential communication is prohibited unless such disclosure is made by written or expressed authorization, or when it is mandated by law to



avoid serious threat to the health and safety of the client or any other person.

3.3 Inadvertent Disclosure of Confidential Communication

Procedures to prevent inadvertent or unauthorized disclosure of confidential information should be observed. In the event of unauthorized disclosure, the client should be immediately notified of the confidentiality breach. Clients are to also be informed of all procedures to prevent additional re-disclosure and to mitigate any impact.

3.4 Informed Consent

Informed consent is the process in which a provider obtains written agreement from stakeholders which demonstrates their ability and willingness to participate in related services or certificant guidelines.

- a. Certificants obtain informed consent prior to conducting assessments, treatment, consultative services, research, other professional services, or any change in treatment.
- b. Informed consent will provide an explanation of the process, procedures and/or assessment being conducted.
- c. Informed consent must be in written form with a signature from the stakeholder and provided free of duress, threats, or fear and maintained in the participants file. Consent information is expressed in language that is understandable to the client receiving services.
- d. Informed consent is obtained only from the individual receiving services, legal caregiver, or other person legally authorized to represent the client, i.e a stakeholder.
- e. Consent to share any information is obtained in writing by clients for each specific and individual incident; except where this information protects the client from mortal harm or when required by federal, state, or local municipality law.

3.5 Work Product

All client-related work product remains confidential and archived up to 7 years after treatment or as indicated by [HIPAA](#) or state/country laws, whichever is more stringent.

3.6 Maintaining Confidentiality

Certificants maintain confidentiality of all client information. Certificants avoid social media content with client or client-related information, disclosure of



client records, data, photographs, videos and discussion of clients to unauthorized individuals. Utilizing client information for clinical discussion or presentations will only be on a need-to-know basis and all identifying information should remain closely guarded.

3.7 Confidential Communications After Termination of a Relationship

All communications between a client/stakeholder and an organization or certificant should remain confidential for the life of the client and after the client's death; except in cases where such communications must be disclosed to prevent harm to self or others.

4.0 PROVISION OF SERVICE

4.1 Assessment

- a. Certificants conduct and interpret only the assessments which are supported by research and within their scope of practice, training and educational understanding.
- b. Certificants make recommendations based on results from assessments supported through research to properly address the behavior and/or medical diagnosis of the client. Results from these assessments, in conjunction with environment and functional bases of behaviors, drive the recommendations for treatment.
- c. Certificants engage in data-based decision making.

4.2 Explaining Results

Certificants should explain results of assessments and/or client progress in clear and concise terms. When possible, results should be explained in the native language of the client and/or stakeholder.

4.3 Specialty Consultation

Certificants advise clients to seek assessment and consultation with specialties outside the scope of behavior analysis when deemed a behavior may relate to other factors. Specialties may include, but are not limited to: medical, biological, developmental, speech and language, occupational therapy, physical



therapy, psychological, psychiatric, nutrition, or other related disciplines. Certificants coordinate client care with other professionals who may contribute to overall treatment efficacy.

4.4 Programming

- a. Certificants develop treatment plans with input and consent from the client and/or legal guardian.
- b. Certificants ensure that proposed interventions are in alignment with the client's needs, values, beliefs and social significance.

4.5 Behavior Change Plans

- a. Certificants tailor behavior programs to meet the needs of individual clients.
- b. Certificants develop clear and concise behavior change programs that can be implemented by all team members. All behavior change programs should be evidence-based and empirically validated.
- c. Certificants develop goals and objectives that have clear mastery criteria.
- d. Client consent is obtained prior to any alteration of a behavior change program which significantly changes the direction of the treatment (e.g., change in behavior, change in procedures not previously discussed, addition or modification of goals).
- e. Language used in the behavior change program is written in a way that is understandable to the clients receiving services and their caregivers.
- f. Behaviors and goals outlined in the behavior change program has a clear operational definition and topography that is observable and measurable by all members of the team.
- g. Behavior plans provide clear goals necessary to client success, including objectives, expectations and environmental factors.

4.6 Environmental Variables

- a. Environmental variables (circumstances, events, etc. which contribute to the efficacy or lack thereof of treatment rendered) are evaluated on an ongoing basis to promote the



best opportunity for success.

b. In order to increase treatment efficacy, certificants communicate with the appropriate parties about any recommended modifications or alternatives to the client's environment.

4.7 Punishment Procedures

a. Reinforcement procedures are used prior to considering punishment procedures.

b. If punishment procedures are necessary following evidenced-based assessment, they are used in conjunction with a functionally equivalent reinforcement procedure and an appropriate schedule of reinforcement.

c. If a punishment procedure is implemented, certificants monitor the behavior to ensure the procedure is not having an adverse effect on the client or behavior. If the client's behavior puts the client's health or safety at risk, becomes more frequent or more intense, the procedure is immediately removed.

4.8 Restrictive Interventions

Certificants first consider least restrictive interventions for the client.

4.9 Protect from Harm and Reinforcers

Certificants actively protect their client from harm throughout treatment. Reinforcers are chosen so they are not potentially hazardous to the client's health or safety. In addition, client specific abilities are taken into consideration when choosing reinforcers.

5.0 RESPONSIBILITY TO CLIENTS AND CLIENTS' RIGHTS

5.1 Identifying the Client

a. Clients should consent to treatment prior to services and be provided



guidelines for services, confidential information, and rules for mandatory reporting.

b. At the onset of services, certificants discuss and document criterion for completion of services or criteria for discontinuing or transferring services.

5.2 Clients Rights

a. Certificants are aware of client's legal and ethical rights and will act if those rights have been violated or are at risk of violation.

b. Certificants do not engage in unfair discrimination based on age, race, ethnicity, gender or gender identity, sexual orientation, socioeconomic status, religion, disability or any other basis prescribed by law.

c. Clients will receive accurate and thorough data, reports, and treatment progress information that is jargon-free and presented in a clear and comprehensible manner.

d. Clients may request the current valid credentials of any service provider.

5.3 Obligations as a Mandated Reporter

Suspected misconduct or known child, elder, and/or dependent adult abuse/neglect is immediately reported to a supervisor or department leadership, including additional authoritative agencies as required by the certificant's state, federal, or local municipality law.

5.4 Third Party Involvement in Services

a. At the onset of services provided at the request of a third party, a clear explanation is provided to all parties as to the relationship, financial responsibility to the client, and any potential conflicts and limits to confidentiality.

b. Certificants ultimate responsibility lies with the care of the client. If a conflict of interest arises with a third party, active steps are taken to resolve the conflict, make all issues transparent, and transition services if no resolution can be made in the best interest of the client.



6.0 HUMAN RELATIONS

6.1 Avoiding Harm

Certificants serve within their scope of practice and take reasonable steps to avoid harming their clients, supervisees and others with which they work. Certificants take reasonable steps to minimize harm where it is unavoidable and foreseeable.

6.2 Unfair Discrimination

Certificants will not engage in unfair discrimination based on age, race, ethnicity, gender or gender identity, sexual orientation, socioeconomic status, religion, disability or any other basis mandated by law.

6.3 Harassment

Certificants will not knowingly or willingly engage in any type of behavior that is demeaning or harassing, including any form of sexual harassment towards subordinates, supervisees, clients, colleagues, or others with which they engage in their professional capacity.

6.4 Professional Relationships

Certificants follow [QABA's Non-Discrimination Policy](#) as found in the Candidate Handbooks on the [QABA website](#). Certificants refrain from unprofessional conduct that contradicts general ethical standards of practice, and they maintain professional boundaries while maximizing self-reliance and independence in those they serve.

6.5 Multiple Relationships

Certificants avoid multiple relationships with clients, supervisors, supervisees, colleagues, and stakeholders. They also avoid accepting gifts which could negatively impact the certificants' effectiveness, objectivity or competence in their current function. Exceptions may be made in the case of cultural



consideration, where gifts (i.e., food, tokens of appreciation) may be customary and to refuse would be insensitive. If a potential harmful multiple relationship has inadvertently occurred, the certificant takes reasonable steps to resolve the matter and immediately contacts the supervisor or the supervisor's superior.

6.6 Exploitation

Certificants refrain from engaging in exploitative relationships with subordinates, supervisees, clients, and any others they interact with in a professional capacity.

6.7 Sexual Relationships and Treatment

Certificants avoid sexual or intimate relationships with subordinates, supervisees, clients and their family members or those close to clients. Relationships with former adult clients should be avoided for a minimum of two years.

6.8 Conflict of Interest

Certificants make a reasonable attempt to identify their personal/professional biases. They refrain from engaging in professional roles where personal, scientific, legal, financial, or other interests impact their effectiveness, objectivity, or competence in their performance.

6.9 Clarification of Roles

Prior to the onset of services and thereafter where appropriate, certificants identify the client's rights, including parental/caretaker rights, scope of services, role of all participants in services, and limits to confidentiality.

6.10 Interruption and Termination of Services

- a. Certificants take reasonable steps to transfer client care if services are interrupted or terminated and will make a reasonable effort to coordinate care for all aspects of treatment.
- b. Certificants provide sufficient notice (minimum 2 weeks) to clients and



employers when there is an impending change of service.

c. Certificants ensure any pending client-related documentation is complete when terminating treatment and provide any information post transition that serves in the best interest of the client's care.

d. Discontinuation of services occurs if: the client requests termination, the client is not benefiting from treatment, or the client no longer needs the service. Referrals and alternative steps towards treatment are completed prior to discontinuation if treatment is ineffectual unless precluded by the client or third-party payors.

7.0 SUPERVISION and TRAINING

7.1 Guidelines

a. Paraprofessionals provide treatment only when receiving the prescribed supervision as outlined in QABA Policies and Procedures.

b. Paraprofessionals who practice independently without the appropriate supervision and/or knowingly assist other participants to obtain certification or recertification by fraud or deception may be grounds for immediate revocation or denial of certification.

c. Only qualified professionals [as outlined in the QABA Policies and Procedures in Candidate Handbooks](#) may provide supervision. Supervision may not be delegated to unqualified individuals. Supervisors are not required to be employed at the same site as supervisees but they must be available in-person, via phone, email, or via another modality.

d. Supervisors and supervisees comply with the QABA regulations, as well as institutional rules as they relate to supervision.

7.2 Supervisor to Monitor Performance

a. Supervisors take responsibility for those they supervise and ensure that



best practice is always adhered to, and that supervisees are in compliance with the QABA policies and regulations, ethical code of conduct, and any governing laws as it relates to treatment of client and client care.

- b. Supervisors are responsible for the accuracy and effectiveness of service provision, confidentiality, and professional development of each supervisee.
- c. Supervisors obtain client background information and clinical/medical history for each client for which they supervise care.
- d. Supervisors provide data-driven ethical treatment of all clients under their supervision.
- e. Supervisors provide ongoing clear and objective feedback in keeping with the individualized goals and criteria for the supervisee at the onset of supervision.
- f. Supervisors ensure that all training, protocol, procedures and curriculum is effectively designed, evidence-based and empirically validated, and relevant to the nature of the supervisee's profession.

7.3 Informing the Client About Supervision

At the onset of treatment, supervisors ensure that clients are notified when treatment is being provided by a trainee, and that services will include supervisor oversight, including disclosure of all treatment-related information.

7.4 Supervision During a Crisis

Supervisor have a crisis plan in place and are available in-person or by phone to assist trainees in the event of a client emergency.

7.5 Supervision Limitations

- a. Supervisors should not supervise family members, a spouse, or others with whom they share a close relationship. In situations where this is unavoidable, supervisors will contact the QABA board for guidance in adhering to supervision requirements.
- b. Supervisors refrain from supervising if they do not feel professionally, psychologically or physically competent to provide appropriate supervision.



c. Supervisors do not require supervisees to disclose personal information except when used to evaluate the supervisee's competency to provide services.

7.6 Supervisor Maintaining Active Certification

Supervisors maintain an active certificate, complete required CEUs, obtain the appropriate training and relevant experience needed to effectively supervise trainees. Supervisors are unable to supervise if their certification status becomes inactive.

7.7 Supervisor Assisting Trainee with Certification Documentation

a. Prior to beginning supervision, supervisors ensure that agreements are in place between the supervisor and supervisee that is clear, legally binding, and identifies objective outcomes, criteria and termination provisions. Both supervisor and supervisee maintain all documentation of supervision at all times. The supervisor guides and assists the trainee in correctly completing all required documentation. Only the time periods that adhere to the restricted definition of supervision in QABA Policy and Procedures are calculated toward fieldwork and acknowledged on logs and verification forms.

7.8 Fee for Supervision

Contracts for independent supervision services will contain set fees that are fair and commensurate with the services provided in that location, and with objectively defined terms for services. Services are not provided under a barter agreement, unless a clear and legally binding agreement is in place and customary for the area where services are provided.

8.0 RECORD KEEPING and FEES

8.1 Record Content/Record Context

Certificants appropriately and accurately document all professional work, to



include progress, data, reports, disclosure of confidential information, electronic communications, records in a manner consistent with scientific and legal representation.

8.2 Safeguarding of Records

Certificants ensure that all records (electronic, written, and other medium) are created, maintained, transferred, stored and disposed of in accordance with applicable state/country laws, HIPAA regulations, and QABA Policies and Procedures.

8.3 Length of Record Keeping

Certificants maintain all client records in a confidential manner for a minimum of 7 years after termination of services or as otherwise required by law.

8.4 Fees and Referrals Agreement

- a. Certificants accurately state services, fees, provider information, outcomes and any relevant information in order to correctly bill services.
- b. Fees, gifts, or other benefits will not be accepted for professional referrals, preferential advertising or any arrangement that establishes a quid pro quo relationship.

9.0 PUBLIC STATEMENTS

9.1 Accuracy and Adequacy/Completeness of Information

Before disclosure of any public statement or information, certificants ensure the accuracy, context of the information and completeness of the communication.

9.2 Citing Source and Copyright of Published Materials

Certificants obtain consent of the publisher and/or copyright holder before citing any published or copyrighted material. All sources must be properly cited and adhere to any and all required guidelines.



9.3 Statement of Contractual Agreement

Any contractual agreement will be made in good faith, with clear objectives



and expectations of the certificant and the client.

9.4 Advertisements and Announcements of Services

- a. Certificants will not make any misrepresentative advertisement or announcement.
- b. To avoid any misrepresentation or misunderstanding, certificants should use professional titles, degrees, and credentials which accurately represent their education and training.
- c. Certificants obtain permission before using QABA approved logos, approved coursework or continuing education provider logos as outlined in QABA Policy and Procedures and approved-provider policy and guidelines.

9.5 Statements on Behalf of Organizations/Places of Employment

Statements on behalf of organizations/places of employment are not made without prior consent of the organization or place of employment. Statements should embody the mission of QABA, be factual, and adhere to all ethical guidelines outlined in this document.

10.0 RESEARCH

Research is to be conducted only after approval is obtained by an institutional review board only, and will be conducted using approved research protocol. The certificant's primary goal is to maintain the client's welfare while contributing to scientific, educational, or applied value in a significant way.

10.1 Obtaining Informed Consent for Research

Informed Consent is obtained from the participant(s) prior to conducting any research. Informed consent includes the nature of the study, limits of confidentiality, rights to decline, unforeseen consequences, the use of data obtained and results of the study, the researcher's contact information, and any other requirements set forth by the institutional review board.

10.2 Welfare in Research

Research should not cause physical or psychological harm to participants,



students, clients, and/or subordinates. All attempts are made to minimize discomfort or stress during participation.

10.3 Deception

- a. Deception should be avoided when conducting research unless it has been determined that the research will add scientific, educational, or applied value and it would not be possible to conduct without the use of deception. The researcher will consult with their educational institution and/or other overseeing regulation board regarding deception and apply the most stringent regulation.
- b. Participants will not be offered excessive inducements for participating in or reporting specific results.

10.4 Debriefing

All participants will be debriefed at the conclusion of their participation or as indicated by the applicable regulatory board. Debriefing includes but is not limited to explaining the purpose of the study, reviewing results (when available), answering the participant's questions, and offering a copy of the research publication once complete.

10.5 Research Data and Results

- a. The researcher will not use misleading or fabricated data. Reasonable steps to correct errors in data are taken if/when errors occur. Duplication of data is not permissible when presented as new/original data.
- b. The researcher makes his/her data available for verification purposes when requested.
- c. Should historical data be mentioned or discussed in research, citations must reflect the original nature and location of the data and adhere to all ethical guidelines as outlined in this document.

10.6 Plagiarism and Research Publication Acknowledgement

Plagiarism is unacceptable and appropriate citation must be used in

publications when using another's work. Researchers will credit those who added substantial contribution to the research when publishing his/her work.