



Advanced Credential for the Addiction Professional

CLINICAL SUPERVISOR CREDENTIAL (CSC)

Breining Institute is a private college and nationally-accredited certification institution, and has been dedicated to higher education, training, testing and certification for addiction professionals since 1986. Breining Institute's Registered Addiction Specialist (RAS) Credential is nationally-accredited by the National Commission for Certifying Agencies (NCCA).

The Clinical Supervisor Credential (CSC) is available to individuals with an underlying addiction professional license or certification from an accredited, State-approved or nationally-recognized licensure or certifying agency, when they meet the CSC standards and document their eligibility. **There are no application fees to be granted the CSC, although you will need to pass the on-line CSC examination (\$49).**



ELIGIBILITY

CURRENT CERTIFICATION OR LICENSE

Must hold current addiction professional license or certification from an accredited, State-approved or nationally-recognized licensure or certifying agency

EDUCATION

40 hours of documented education in courses related to clinical supervisor competencies

EXPERIENCE

Five years full time or 10,000 hours clinical experience in AOD counseling, which includes Two years full time (or 4,000 hours) as an AOD supervisor

EXAMINATION

Must receive a passing score on the Breining Institute multiple-choice CSC exam

PROFESSIONAL REFERENCES

One reference from a supervisor of your work, or from a colleague in the same field; AND Two references from professionals in the field of addictions who know of your work

ACCEPTABLE SUBSTITUTES for EXPERIENCE REQUIREMENT

The **minimum** clinical and/or supervisor experience required is 4,000 hours (or 2 years)

Acceptable substitutes for up to 6,000 hours of experience may include a degree or teaching

A degree in addiction studies or the healing arts may substitute as follows:

AA or AS degree may substitute for 2,000 hours of clinical experience

BA or BS degree may substitute for 4,000 hours of clinical experience

MA, MS or Doctorate degree may substitute for 6,000 hours of clinical experience

Experience teaching a course or courses within an AOD program:

Ten hours of Clinical Experience credited for each One hour of class taught

RENEWAL REQUIREMENT

Every two years

Six (6) hours of Continuing Education in Clinical Supervision



APPLICATION for the

CLINICAL SUPERVISOR CREDENTIAL (CSC)

Breining Institute • 8894 Greenback Lane • Orangevale, California USA 95662-4019 • Telephone (916) 987-2007 • Facsimile (916) 987-8823

SECTION 1. Please type or print all of your information clearly. Incomplete applications will not be processed.

[Grid for First Name]

First Name

[Grid for Middle Name]

Middle Name

[Grid for Last Name]

Last Name

[Grid for Address]

Address (Number, Street, Apartment or Suite Number)

[Grid for City]

City

[Grid for State]

State (or Province)

[Grid for USA Zip Code]

USA Zip Code

[Grid for Country Code]

Country Code

[Grid for Country]

Country (other than USA)

[Grid for Primary Telephone Number]

Primary Telephone Number (including Area Code)

[Grid for Secondary Telephone Number]

Secondary Telephone Number (including Area Code)

[Grid for Pager Number]

Pager Number (including Area Code)

[Grid for Facsimile Number]

Facsimile Number (including Area Code)

[Grid for E-mail Address]

E-mail Address

[Grid for Web Site Address]

Web Site Address

SECTION 2. This information is for verification purposes. Please print your information clearly.

[Grid for Social Security Number]

Social Security Number (last 4 numbers only)

[Grid for Date of Birth]

Date of Birth (Month-Day-Year)

[Box for Male]

Male

[Box for Female]

Female

SECTION 3. REQUIRED DOCUMENTATION.

EDUCATION

Documentation of 40 hours of courses related to clinical supervisor competencies.

EXPERIENCE

Clinical Experience documentation: Use one "Section 6" page for each employer or volunteer agency.

Clinical Experience Substitute documentation, if applicable: Use one "Section 7" page for each educational institution.

REFERENCES

Three Professional References: Use one "Section 8" page for each reference. Be sure to include one supervisor and two other references.

CODE OF ETHICS

Signed Code of Ethics: Sign and date the Code of Ethics located at the "Section 9" page.

PHOTOGRAPH

Current photograph, with your full name written on back.

CURRENT LICENSE OR CERTIFICATE

Copy of current addiction professional license or certificate must accompany application.

CSC EXAM COMPLETION CERTIFICATE

Copy of CSC Exam Completion Certificate, which documents that you passed the CSC exam, must accompany application.

SECTION 9. CODE OF ETHICS

You are required to maintain compliance with the Code of Ethics for CSC Professionals, as well as with the 2005 NBCC Clinical Supervisor Code of Ethics, contained within the TAP 21-A Supervisor Competencies publication. Sign this Code of Ethics at the space provided below.



Clinical Supervisor Credential (CSC)

CODE OF ETHICS

As a Clinical Supervisor Credential (CSC) professional, I will comply with this Code of Ethics and do affirm:

- That my primary goal is recovery for the client and the client's family.
- That I have a total commitment to provide the highest quality of care to those who seek my professional services. That I shall not provide services beyond the terms and conditions of my professional certifications and/or licenses.
- That I shall evidence a genuine interest in all my clients, and do hereby dedicate myself to the best interest of my clients and to help them help themselves.
- That I shall maintain at all times an objective, professional relationship with all of my clients. I shall not engage in social or business relationships with my clients for my personal gain.
- That I shall be willing to recognize when it is in the best interests of my clients to release and refer them to another program or another helping individual.
- That I shall adhere to the Rule of Confidentiality with regard to all records, material and knowledge concerning my client, and shall protect his/her rights to confidentiality in accord with Code of Federal Regulations, Title 42 sections 2.1 through 2.67(1) and any other applicable regulations.
- That I shall cooperate with complaint investigation and supply information requested during such complaint investigations, subject to the confidentiality provisions cited above.
- That I shall not in any way discriminate between clients or fellow professionals on the basis of race, religion, age, gender, disability, national ancestry, sexual orientation or economic condition.
- That I shall respect the rights and views of my fellow Registered Addiction Specialists and other professionals. I will not verbally, physically or sexually harass, threaten, or abuse any program participant, patient, client or fellow addiction professional.
- That I shall maintain respect for institutional policies and management within agencies, and will take the initiative toward improvement of such policies and management when it will better serve the interests of my clients.
- That I have a continuing commitment to assess my own personal strengths, limitations, biases and effectiveness.
- That I shall continuously strive for self-improvement and professional growth through further education and training.
- That I have an individual responsibility for my own conduct in all areas, including, but not limited to, the use of mood-altering drugs. I shall not provide counseling or education services while under the influence of any amount of alcohol or illicit drugs (not including drugs or medication prescribed by a physician or other person authorized to prescribe drugs, used in the dosage and frequency prescribed; nor including over-the-counter medications used in the dosage and frequency described on the box, bottle or package insert).
- That I have an individual responsibility for myself in regard to sexual conduct and/or contact with clients, and shall not engage in sexual conduct with current program participants, patients or clients.
- These things I pledge to my professional peers and to my client.
- I hereby pledge to comply with this Code of Ethics, as well as to comply with a consistent code of conduct that may be applicable to a recovery or treatment program with which I may be affiliated.
- I also intend to comply with the standards recommended within the National Board of Certified Counselors (NBCC) 2005 Clinical Supervisor Code of Ethics.

Printed name of CSC

Signature

Date

