



BREINING INSTITUTE

8894 GREENBACK LANE • ORANGEVALE, CALIFORNIA USA 95662-4019 • TELEPHONE (916) 987-2007

REGISTERED ADDICTION SPECIALIST (RAS) SPECIALTY CERTIFICATION
CERTIFIED CO-OCCURRING DISORDERS SPECIALIST (CCDS)

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.

The Registered Addiction Specialist (RAS) credential issued by Breining Institute is nationally-accredited by the National Commission for Certifying Agencies (NCCA).

Fully credentialed RAS in good standing are eligible for a Specialty Certification. In addition to holding the RAS Credential, the Specialty Certification applicant must document the following:

SPECIFIED FORMAL EDUCATION REQUIREMENT

Thirty (30) hours of specified formal education related to the knowledge and skills necessary to competently carry out the responsibilities of the respective specialty.

CLINICAL EXPERIENCE REQUIREMENT

1. Provided services – or direct supervision of services – related to Specialty to 100 clients;
AND
2. Been engaged in your Specialty for at least one of the following time periods:
4,000 hours (minimum 2 years) if you hold a Masters or Doctorate degree in the healing arts; OR
6,000 hours (minimum 3 years) if you hold an Associate or Bachelors degree in the healing arts; OR
10,000 hours (minimum 5 years) if you do not hold a degree.

ACCEPTABLE SUBSTITUTE or SUPPLEMENT for CLINICAL EXPERIENCE

Experience teaching a course or courses within the Specialty –
Ten hours of Clinical Experience credited for each One hour of class taught.

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.

RENEWAL – NO ADDITIONAL FEES

You must complete ten (10) hours of Continuing Education (CE) within the Specialty subject every 2 years.
Renewal of your Specialist Certification is due at the same time as your RAS Credential renewal.
There are no additional fees to renew your Specialty Certification, just the RAS Renewal fees.

The Registered Addiction Specialist (RAS) credential and Breining Institute are
Nationally Accredited by the



National Commission for Certifying Agencies

Registered Addiction Specialists are located in 14 countries and 40 US states

www.breining.edu

Formal Education requirements for the CCDS Specialty Certification

The formal education courses in Co-Occurring Disorders may be obtained from any State-approved or regionally-accredited institution of higher learning, or from other legitimate training agencies where the courses are documented by the agency providing the training (for example, relevant trainings conducted by professional associations are acceptable). The formal education course should have included preparation of the CCDS candidate in the knowledge of and the ability to conduct the tasks outlined below. These subjects are *suggested*, but they are *not required*.

Subjects (identified in a 2004 Role Delineation Study for Co-Occurring Disorders Professionals)

Screening and Assessment

Crisis Management

Treatment Planning

Counseling

Case Management

Person, Family and Community Education

Professional Responsibility

The CCDS candidate should have been provided the education to complete the tasks identified below:

Screening and Assessment – Engage the client and establishing rapport. Gather and document client information. Recognize signs and symptoms of substance abuse disorders. Recognize signs and symptoms of psychiatric disorders; recognizing interactions between co-existing mental, substance-related and medical disorders. Utilize relevant assessment instruments. Develop diagnostic impressions and communication of results.

Crisis Management – Conduct an immediate risk assessment to determine the existence of an emergency or crisis situation. Evaluate the nature and level of risk in a client's crisis situation by analyzing the elements of the crisis in order to implement and provide an appropriate intervention. Implement an immediate course of action appropriate to the crisis. Conduct debriefing with all parties involved in the crisis. Develop and implement an individualized follow-up plan.

Treatment Planning – Interpret and evaluate clinically relevant data received from individual, significant others, assessments, and prior treatment sources to determine treatment needs. Engage the individual and others in a comprehensive treatment planning process. Review data with the individual and others to collaboratively identify and prioritize treatment needs. Develop integrated treatment goals and measurable objectives with the individual and others. Identify specific and measurable steps to achieve goals, utilizing the individual's strengths and resources. Monitor and document individual's progress in achieving treatment goals, and modifying the treatment plan as necessary.

Counseling – Provide a safe, empathic environment in order to facilitate a collaborative relationship with the person and significant other(s). Develop an ongoing therapeutic alliance. Utilize appropriate integrated counseling strategies and techniques. Evaluate the effectiveness of counseling interventions and strategies. Develop integrative discharge and aftercare plans.

Case Management – Collaborate with the individual and others to identify and prioritize strengths and needs and match to appropriate services. Develop treatment and service options in a collaborative manner. Access, coordinate, and facilitate referrals, community, peer, and natural support systems to maximize treatment and recovery opportunities as identified in the comprehensive, integrated treatment plan. Monitor and evaluate the delivery and coordination of services.

Person, Family and Community Education – Educate the person and family about the symptoms of specific disorders, their interactive effects, and the relationship between symptoms and stressors. Educate the person and family about the recovery process. Educate the person and family about self-help and peer groups in the recovery process. Educate the person and family about self-advocacy. Educate the community about co-occurring disorders, the impact on the individual, family, and community, and the efficacy of treatment.

Professional Responsibility – Behave in an ethical manner by adhering to multi-disciplinary codes of ethics and standards of practice. Follow appropriate policies and procedures by adhering to federal, state, and agency regulations regarding substance use and mental health treatment as they relate to integrated care. Recognize and maintain professional and personal boundaries. Engage in continuing professional development based on an ongoing assessment of needs. Participate in clinical and administrative supervision and consultation. Advocate for public policy and resource development in support of quality services.



APPLICATION for the REGISTERED ADDICTION SPECIALIST (RAS)

CERTIFIED CO-OCCURRING DISORDERS SPECIALIST (CCDS) CREDENTIAL

Breining Institute • 8894 Greenback Lane • Orangevale, California USA 95662-4019 • Telephone (916) 987-2007 • Facsimile (916) 987-8823
YOU MUST HOLD THE RAS CREDENTIAL IN ORDER TO BE ELIGIBLE FOR THE SPECIALTY CERTIFICATION

SECTION 1. Please type or print all of your information clearly. Incomplete applications will significantly delay processing.

First Name

First Name

Middle Name

Middle Name

Last Name

Last Name

Address (Number, Street, Apartment or Suite Number)

Address (Number, Street, Apartment or Suite Number)

City

City

State (or Province)

State (or Province)

USA Zip Code

USA Zip Code

Country Code

Country Code

Country (other than USA)

Country (other than USA)

Primary Telephone Number (including Area Code)

Primary Telephone Number (including Area Code)

Secondary Telephone Number (including Area Code)

Secondary Telephone Number (including Area Code)

E-mail Address

E-mail Address

I am current and hold a valid RAS credential. My RAS number is:.....

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

Social Security Number (last 4 numbers only)

Social Security Number (last 4 numbers only)

Date of Birth (Month-Day-Year)

Date of Birth (Month-Day-Year)

Male Female

Male Female

SECTION 3. Credit Card Payment Information (if paying by credit card): Circle type of card: VISA or MasterCard

Credit Card Number

Credit Card Number

Expiration Date

Expiration Date

Full Name on Credit Card

Full Name on Credit Card

Billing Address for Credit Card (Number, Street, Apartment or Suite Number)

Billing Address for Credit Card (Number, Street, Apartment or Suite Number)

City

City

ZIP Code

ZIP Code

Breining Institute is authorized to charge \$150.00 (one hundred fifty dollars) to this card.

Authorized Credit Card Signature

Date

SECTION 4. SPECIFIED FORMAL EDUCATION

You are required to have completed thirty (30) hours of specified formal education related to the knowledge and skills necessary to competently carry out the responsibilities of the respective specialty for which you are applying. Please identify which courses you have taken below that apply to the specific study areas indicated, and attach copies of the certificates or other documentation from the agency or agencies that provided the course. The courses may be taken from approved or accredited institutions of higher education, as well as from other legitimate training agencies (such as professional associations) where the courses are documented by the agency providing the training.

Course Title or Description	Educational Institution	Hours or Units
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Screening and Assessment

Crisis Management

Treatment Planning

Counseling

Case Management

Person, Family and Community Education

Professional Responsibility

Other related courses (all courses must equal a total 30 hours of education)

SECTION 8. CODE OF ETHICS

You are required to maintain compliance with the Code of Ethics for RAS Professionals. Sign this Code of Ethics at the space provided below.



REGISTERED ADDICTION SPECIALIST

CODE OF ETHICS

As a Registered Addiction Specialist, 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.

Printed name of RAS

Signature

Date

SECTION 9. PHOTOGRAPH

Include a recent photograph of yourself. This photo will be used by Breining Institute to identify you and will be included on your RAS Profile page at www.addiction-specialists.com, and will be available for viewing on the web site. Write your full name on the back of the photo, which may be any size between 1" x 2" and 8" x 10". We will keep your photo in your file, and it will not be returned.

SECTION 10. PREVIOUS CERTIFICATION STATEMENT

Have you had a prior certification or licensure as an alcohol or drug counselor revoked? YES NO
If yes, please explain: _____

SECTION 11. FEES AND DOCUMENTATION. Please make sure that you provide all that apply to your Specialty Certification Application.

Clinical Experience Options

If applicable, you must identify the degree that you received in the healing arts or related field, as well as the institution from which you obtained the degree. You will also need to provide **official transcripts** of the degree to Breining Institute, which may be included with this application if in a sealed envelope from the institution, or it may be mailed directly to Breining Institute, 8894 Greenback Lane, Orangevale, California USA 95662-4019.

<i>Name of Institution</i>	<i>Degree(s)</i>	<i>Units</i>	<i>Date awarded</i>
_____	_____	_____	_____

- OPTION 1:** If you hold a Masters or Doctorate degree, you must document 4,000 hours (minimum two years) clinical experience.
- OPTION 2:** If you hold an Associate or Bachelors degree, you must document 6,000 hours (minimum three years) clinical experience.
- OPTION 3:** If you do not hold a degree, you must document 10,000 hours (minimum five years) clinical experience.

Fees

Specialty Certification Application Fee. (Non-refundable.)\$ 150.00

Please indicate how you are making payment of the Specialty Certification Application Fee:

- Payment by credit card.** Credit card payment information is included at **Section 3.**
- Payment by cashiers check.**
- Payment by personal or company check.** There will be a \$30 (thirty dollar) charge for returned checks.

Documentation that must be included with this Application

- Documentation of 30-hours Specified Formal Education (certificates of completion or transcripts) identified at "Section 4."
- Documentation of Degree (official transcripts) if applicable.
- Clinical Experience documentation: Use one "Section 5" page for each employer or volunteer agency.
- Clinical Experience Substitute documentation, if applicable: Use one "Section 6" page for each educational institution.
- Three Professional References: Use one "Section 7" page for each reference. Be sure to include one supervisor and two other references.
- Signed Code of Ethics: Sign and date the Code of Ethics located at the "Section 8" page.
- Current photograph, with your full name written on back.

ATTESTATION OF INFORMATION AND DOCUMENTATION

The undersigned Applicant declares that the information provided in the Application and within the supporting documentation is true and authentic. The Applicant understands that if at any time it is shown that the information or documentation provided is not true or is misrepresented, any fees which have been paid will be forfeited by Applicant, and certification as an RAS may be revoked.

Signature

Date

Pay by credit card (at Section 3) or make check payable to:
BREINING INSTITUTE

Return this completed Application, supporting Documentation and Fees to:

Breining Institute
8894 Greenback Lane
Orangevale, California USA 95662-4019

The Registered Addiction Specialist (RAS) credential is accredited by the National Commission for Certifying Agencies (NCCA). The "Registered Addiction Specialist" and "RAS" designations are registered service marks – Reg. No. 051081 Class No. Int. 41 – which may only be used by professionals who meet the qualifications and who have obtained RAS certification from Breining Institute. The REGISTER of Addiction Specialists – located at www.addiction-specialists.com – is maintained by Breining Institute.