



BREINING INSTITUTE

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

PROFESSIONAL CREDENTIALS RENEWAL APPLICATION

Please identify which registrations / certifications / credentials are being renewed (check all that apply):

- RASi
- RAS
- RAS II
- M-RAS
- CWIS
- CCDS
- CSC
- MCA

SECTION 1. Please print or type your information carefully. 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 (Number, Street, Apt or Suite No.)]

Address (Number, Street, Apt or Suite No.)

[Grid for City]

City

[Grid for State (or Province)]

State (or Province)

[Grid for USA Zip Code]

USA Zip Code

[Grid for Country (other than USA)]

Country (other than USA)

[Grid for Country Code]

Country Code

[Grid for Primary Telephone Number (including Area Code)]

Primary Telephone Number (including Area Code)

[Grid for Secondary Number (including Area Code)]

Secondary Number (including Area Code)

[Grid for E-mail Address]

E-mail Address

[Grid for Social Security Number (last 4 numbers only)]

Social Security Number (last 4 numbers only)

[Grid for Date of Birth (Month-Day-Year)]

Date of Birth (Month-Day-Year)

[Grid for Male/Female]

Male Female

SECTION 2. Renewal Fee and Credit Card Payment information (if paying by VISA or MasterCard):

- On-time renewal fee for one or more of the registration / certifications / credentials.....\$75.00
- Late renewal fee (to be paid if within one year past your renewal date).....\$150.00
- Late renewal fee (to be paid if past your renewal date between one and two years).....\$225.00

[Grid for Credit card number]

Credit card number

[Grid for Expiration date]

Expiration date

[Grid for Full name on credit card]

Full name on credit card

Breining Institute is authorized to charge the following amount:\$ [Grid] .00

Authorized signature

Date

SECTION 3. Continuing Education (CE) hours requirements every two years:

The CE courses should include information relating to understanding addiction, treatment knowledge, communicable diseases, application to practice, special populations, and professional readiness. Additionally, the following specific courses and applicable hours must be included in the total CE hours:

Subject	RASi	RAS	RAS II	M-RAS	CWIS	CCDS	CSC	MCA
Communicable Diseases	3	3	3	3	3	3	3	3
Ethics	10	10	10	10	10	10	10	10
Prevention of Sexual Harassment	3	3	3	3	3	3	3	3
Women's Issues					10			
Co-occurring Disorders						10		
Clinical Supervision							6	
TOTAL CE HOURS REQUIRED	40	40	40	40	50	50	46	40

Please list the courses that you have completed in each subject. Attach to this Renewal Application copies of the CE Certificates or other documentation that you received after completing the CE courses.

Course title or description	Agency	Hours
Communicable Diseases: 3 hours required		
_____	_____	_____
Ethics: 10 hours required		
_____	_____	_____
_____	_____	_____
_____	_____	_____
Prevention of Sexual Harassment: 3 hours required		
_____	_____	_____
Other courses (attach additional sheets if necessary)		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION 4. Code of Ethics – This Code must be signed and adhered to by RASi, RAS, RAS II, and M-RAS.

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

Signature

Date

SECTION 5. Code of Ethics – This Code must be signed and adhered to by CSC.

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

Signature

Date

SECTION 6. Code of Ethics – This Code must be signed and adhered to by MCA.

As a Master Counselor in Addictions (MCA), 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

Signature

Date

SECTION 7. Code of Conduct for Counselors in California – must be signed by all California counselors

This Code of Conduct is the standard that will be used by the State of California Department of Alcohol and Drug Programs (ADP) in enforcement of the California Code of Regulations, Title 9, Division 4, Chapter 8, sections 13000, et seq, relating to the registration and certification of alcohol and other drug (AOD) counselors.

California Certified AOD Counselors – Uniform Code of Conduct – Effective date September 1, 2009

This Code of Conduct shall prohibit registrants and certified alcohol and other drug (AOD) counselors from:

1. Securing a certification or registration by fraud, deceit, or misrepresentation on any application submitted to the certifying organization whether engaged in by an applicant for certification or registration or in support of any application for certification or registration.
2. Administering to himself or herself any controlled substance as defined in section 4021 of the Business and Professions Code, or using any of the dangerous drugs or devices specified in section 4022 of the Business and Professions Code or using any alcoholic beverage to the extent, or in a manner, as to be dangerous or injurious to the person applying for a certification or holding a registration or certification, or to any other person, or to the public, or, to the extent that the use impairs the ability of the person applying for or holding a registration or certification to conduct with safety to the public the counseling authorized by the registration or certification.
3. Gross negligence or incompetence in the performance of alcohol and other drug counseling.
4. Violating, attempting to violate, or conspiring to violate any regulation adopted by ADP.
5. Misrepresentation as to the type or status of certification or registration held by the person, or otherwise misrepresenting or permitting misrepresentation of his or her education, professional qualifications, or professional affiliations to any person or entity, and failure to state proper certification or licensure initials and numbers on business cards, brochures, websites, etc.
6. Impersonation of another by any counselor or registrant, or applicant for a certification or registration, or, in the case of a counselor, allowing any other person to use his or her certification or registration.
7. Aiding or abetting any uncertified or unregistered person to engage in conduct for which certification or registration is required.
8. Providing services beyond the scope of his/he registration or certification as an AOD counselor or his or her professional license, if the individual is a licensed counselor as defined in Section 13015.
9. Intentionally or recklessly causing physical or emotional harm to any client.
10. The commission of any dishonest, corrupt, or fraudulent act substantially related to the qualifications, functions, or duties of a counselor or registrant.
11. Engaging in sexual relations with a client or with a former client within two years from the termination date of therapy with the client, soliciting sexual relations with a client, or committing an act of sexual abuse, or sexual misconduct with a client, or committing an act punishable as a sexually related crime, if that act or solicitation is substantially related to the qualifications, functions, or duties of an alcohol and other drug counselor.
12. Engaging in a social or business relationship with clients, program participants, patients, or residents or other persons significant to them while they are in treatment and exploiting former clients, program participants, patients, or residents.
13. Verbally, physically or sexually harassing, threatening, or abusing any participant, patient, resident, their family members, other persons who are significant to them, or other staff members.
14. Failure to maintain confidentiality, except as otherwise required or permitted by law, including but not limited to Code of Federal Regulations, Title 42, Part 2.
15. Advertising that in reasonable probability will cause an ordinarily prudent person to misunderstand or be deceived; makes a claim either of professional superiority or of performing services in a superior manner, unless that claim is relevant to the service being performed and can be substantiated with objective scientific evidence; makes a scientific claim that cannot be substantiated by reliable, peer reviewed, published scientific studies.
16. Failure to keep records consistent with sound professional judgment, the standards of the profession, and the nature of the services being rendered.
17. Willful denial of access to client records as otherwise provided by law.

Printed name

Signature

Date

SECTION 8. Photograph

Include a recent photograph of yourself with this Renewal Application. This photo will be used by Breining Institute to identify you and will be included on your Profile page, available for viewing on the Internet through our Home page at www.breining.edu. Write your full name on the back of the photo, which may be any size between 2" x 2" and 8" x 10". We will keep your photo in our files, and it will not be returned to you.

SECTION 9. 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 10. Fees and documentation

Please check that you have included the appropriate and full documentation necessary for your renewal:

- On-time renewal fee..... \$75.00
- Late renewal fee (within one year past your renewal date)..... \$150.00
- Late renewal fee (between one and two years past your renewal date)..... \$225.00
- Copies of CE courses certificates of completion.
- Signed Section 4 Code of Ethics for RASi, RAS, RAS II and M-RAS.
- Signed Section 5 Code of Ethics for CSC.
- Signed Section 6 Code of Ethics for MCA.
- Signed Section 7 Code of Conduct for all California counselors.
- Recent photograph.

ATTESTATION OF INFORMATION AND CONTINUING EDUCATION

The undersigned declares that the information contained within this renewal application, including the continuing education (CE) courses identified herein, is true and authentic. The undersigned 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, and registration / certification / credentials may be revoked.

Printed name

Signature

Date

Pay by credit card (at section 2) or make check payable to:
Breining Institute

Return this completed Renewal Application, signed Codes of Ethics and/or Conduct, and fee by **either**:

- **FAX** (if paying by credit card): 916-987-8823
- **E-mail** (if paying by credit card): College@Breining.edu
- **POSTAL MAIL** (may pay by either credit card or check): Breining Institute
8894 Greenback Lane
Orangevale, California USA 95662-4019