



REQUEST for the

REGISTERED ADDICTION SPECIALIST (RAS) EXAMINATION

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

PLEASE NOTE: You must already be registered with Breining Institute and have an RASi number to use this form.

SECTION 1. Please type or print all of your information clearly.

[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 and Zip Code]

State (or Province) USA Zip Code

[Grid for Telephone Numbers]

Primary Telephone Number (including Area Code)

Secondary Telephone Number (including Area Code)

[Grid for E-mail Address]

E-mail Address

SECTION 2. Breining Institute will use this information for identification purposes. Please print your information clearly.

[Grid for Social Security Number and Date of Birth]

Social Security Number (last 4 numbers only)

Date of Birth (Month-Day-Year)

[Grid for Gender]

Male Female

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

[Grid for Credit Card Number and Expiration Date]

Credit Card Number

Expiration Date

[Grid for Full Name on Credit Card]

Full Name on Credit Card

[Grid for Billing Address]

Billing Address for Credit Card (if different than address listed above)

Breining Institute is authorized to charge the following, not to exceed \$150.00, to this card. Total authorized: \$ [Grid] .00

Identify how much you would like charged to your credit card.

Authorized Credit Card Signature

SECTION 4. DOCUMENTATION AND FEES. I have included the following (please check all that apply, . . . some may not apply to you):

- I want to test now, and will send documentation later. (This option is for candidates still working on hours and/or education qualifications.)
- Documentation of 10,000 hours or 5 years counseling services within the last ten (10) years.
- Documentation of Associate (AA or AS), Bachelor (BA or BS), or Masters (MA or MS) degree in study of chemical dependency.
- Documentation of 155 hours formal alcohol or drug classroom education.
- Documentation of 160 hours supervised alcohol or drug training.
- Documentation of 2,080 or more hours work experience in alcohol or drug or similar experience.

- Examination Fee.** Includes the examination, and the comprehensive study guide. Nonrefundable. \$ 150.00
- Retake Examination Fee.** Includes the examination, only. Nonrefundable. \$ 75.00