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

Advanced Credential for the Addiction Professional MASTER COUNSELOR in ADDICTIONS (MCA) Credential

The Master Counselor in Addictions (MCA) Credential is available to individuals with a Masters Degree in the healing arts and / or sciences or closely related subject, and an underlying addiction professional license or certification from an accredited, State-approved or nationally-recognized licensure or certifying agency, when they meet the MCA standards and document their eligibility. There are no application fees to be granted the MCA, although you will need to pass the multiple-choice Private-practice / Clinical Supervisor (PCS) Examination, which is administered daily at over 500 test centers located throughout the United States and Canada.



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

Masters Degree in the healing arts and / or sciences, or closely related subject

EXPERIENCE

Three years full time or 6,000 hours clinical experience in addictions counseling and/or supervision; "addictions" may be related to alcohol and other drugs (AOD) or substance use disorders (SUD) treatment programs

EXAMINATION

Must receive a passing score on the Breining Institute multiple-choice PCS 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 SUBSTITUTE for EXPERIENCE REQUIREMENT

The **minimum** clinical and/or supervisor experience required is 2,000 hours (or 1 year)

Acceptable substitute for up to 4,000 hours of experience may include teaching

Experience teaching a course or courses within an AOD / SUD program:

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

RENEWAL REQUIREMENT

Every two years
Forty (40) hours of Continuing Education in AOD / SUD Courses including Ten (10) hours in Ethics

www.breining.edu

Breining Institute is a private college that has been dedicated to higher education, training, testing and certification for addiction professionals since 1986.



MASTER COUNSELOR in ADDICTIONS (MCA) Credential

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

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Please identify the degree(s) that you received in the healing arts or related field, as well as the institution from which you obtained the degree.

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- SECTION 7. PROFESSIONAL REFERENCES (please duplicate this page for each reference)

 A total of three references from professionals in the field of addictions who can attest to your proficiency in the field:

 One reference must be from a supervisor of your work, or from a colleague in the healing arts field; AND

 Two references must be from professionals in the general field of addictions, who know of your work in the field.

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Master Counselor in Addictions (MCA) Credential

CODE OF ETHICS

As a Ma	aster 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.
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Include a recent photograph of yourself. This photo will be used by Breining Institute to identify you. 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** ■ NO Have you had a prior certification or licensure as an alcohol or drug counselor revoked? ☐ YES If yes, please explain: SECTION 11. DOCUMENTATION. Please check all that are applicable to your Application: Currently licensed or certified professional ☐ I attest that I am a currently licensed and/or certified addiction professional: Expiration date of current license or certificate (Month – Day – Year) Title of license or certificate License or certification number Name of licensing or certifying agency Web site address of licensing or certifying agency Documentation included with this Application (please check all that apply) ☐ Documentation of Degree (copy of or official transcripts are acceptable). ☐ 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. □ Copy of current addiction professional license or certificate. ☐ Copy of Breining Institute "Private-practice / Clinical Supervisor (PCS) Exam" Score Report. 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. I intend to comply with the provisions of the Master Counselor in Addictions (MCA) Code of Ethics. 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 MCA may be revoked.

Return this completed Application and supporting Documentation by postal mail, fax or e-mail to:

Date

Breining Institute 8894 Greenback Lane Orangevale, California USA 95662-4019 Fax: 916-987-8823 E-mail: College@Breining.edu

> Questions? Please call us at 916-987-2007

SECTION 9. PHOTOGRAPH

Signature