



BREINING INSTITUTE

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)

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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.



APPLICATION for the

MASTER COUNSELOR in ADDICTIONS (MCA) Credential

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 (Number, Street, Apartment or Suite Number)

Address (Number, Street, Apartment or Suite Number)

Grid for City

City

Grid for State (or Province)

State (or Province)

Grid for USA Zip Code

USA Zip Code

Grid for Country Code

Country Code

Grid for Primary Telephone Number (including Area Code)

Primary Telephone Number (including Area Code)

Grid for Secondary Telephone Number (including Area Code)

Secondary Telephone Number (including Area Code)

Grid for Cell Number (including Area Code)

Cell Number (including Area Code)

Grid for Facsimile Number (including Area Code)

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 (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 and Female checkboxes

Male Female

SECTION 3. REQUIRED DOCUMENTATION.

EDUCATION

Documentation of Masters degree in the healing arts and / or sciences, or closely related subject

EXPERIENCE

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.

REFERENCES

Three Professional References: Use one "Section 7" 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 8" 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.

PCS EXAM SCORE SHEET

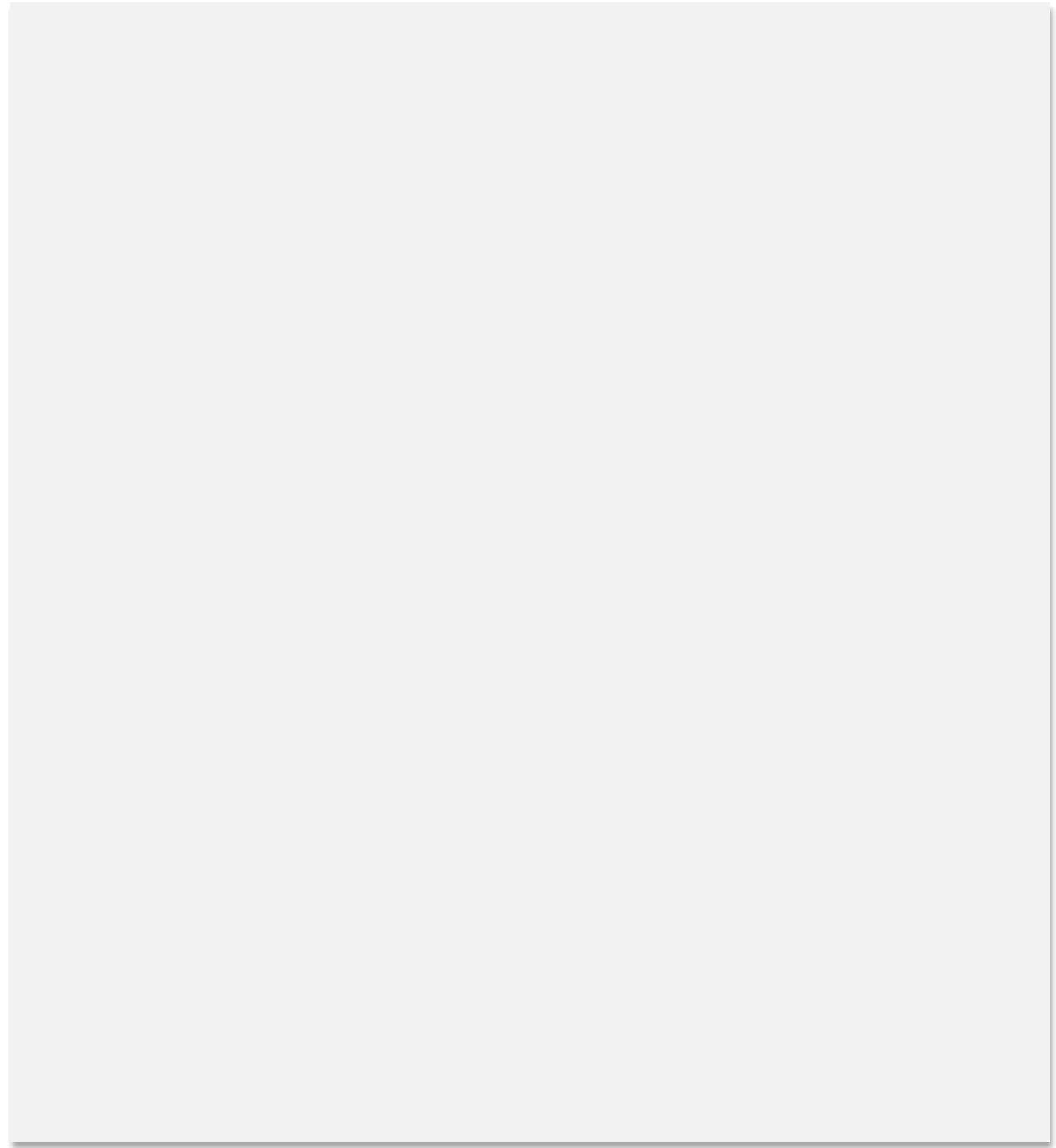
Copy of Breining Institute Private-practice / Clinical Supervisor (PCS) Exam Score Sheet, which documents that you passed the PCS exam.

SECTION 4. DEGREE(s)

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. You will also need to provide a copy of or official transcripts of the degree to Breining Institute, with this application.

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

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SECTION 8. CODE OF ETHICS

Sign this Code of Ethics at the space provided below.



Master Counselor in Addictions (MCA) Credential

CODE OF ETHICS

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.

Print name

Signature

Date

