



BREINING INSTITUTE

8894 GREENBACK LANE • ORANGEVALE, CALIFORNIA USA 95662-4019 • E-MAIL CERTIFICATION@BREINING.EDU
WWW.BREINING.EDU

Registered Addiction Specialist (RAS) Credential Application

The nationally-recognized Registered Addiction Specialist (RAS) Credential is available to addiction professionals who document at least 155 hours of formal education in alcohol and other drug (AOD) coursework, at least 2,080 hours or one year full-time clinical experience, 160 hours of supervised clinical experience (may be included within 2,080 hours of clinical experience), and have passed the nationally-administered Addiction Counselor Exam (ACE). Applications to obtain advanced RAS Credentials will be accepted from currently credentialed RAS professionals, as well as new candidates for the RAS Credential. **THERE IS NO FEE IF YOU ARE UPGRADING FROM AN RAS CREDENTIAL THAT IS CURRENT AND IN GOOD STANDING.**



ELIGIBILITY

Registered Addiction Specialist (RAS)
Registered Addiction Specialist – Level II (RAS-II)
Registered Addiction Specialist – Level III (RAS-III)
Masters Level – Registered Addiction Specialist (M-RAS)

FORMAL EDUCATION

RAS: One hundred fifty-five (155) hours formal education in alcohol and other drug (AOD) studies
RAS-II: Must also have AA or AS degree in the healing arts/sciences, or 450 hours formal AOD education
RAS-III: Must also have AA, AS, BA or BS degree in the healing arts and/or sciences
M-RAS: Must also have BA, BS, MA, MS or Doctorate degree in the healing arts and/or sciences

CLINICAL EXPERIENCE

RAS Minimum: 2,080 hours (approximately one year full time work)
in an alcohol and other drug (AOD) abuse or substance use disorders (SUD) program
RAS-II: 6,000 hours (3 years) with AA or AS degree, or 10,000 hours (5 years) without degree
RAS-III: 6,000 hours (3 years) with BA or BS degree, or 10,000 hours (5 years) with AA or AS degree
M-RAS: 6,000 hours (3 years) with MA, MS or Doctorate degree, or 10,000 hours (5 years) with BA or BS

MINIMUM SUPERVISED EXPERIENCE

160 hours of supervised experience
in an alcohol and other drug (AOD) abuse or substance use disorders (SUD) program

EXAM

Must pass the Addiction Professional Exam or "ACE" Exam
administered daily at over 500 exam centers located throughout the United States and Canada

ACE EXAM WAIVER

Applicant will not be required to take the ACE Exam if previously passed the ACE or RAS Exam.

RENEWAL REQUIREMENT

Every two years
Complete a minimum of 40 hours continuing education (CE) in AOD topics every two years

The "Registered Addiction Specialist" and "RAS" credentials are registered service marks, and may only be used by professionals who have been awarded these credentials by Breining Institute (Service Mark Reg. No. 65739, Class Number 41). The "Addiction Counselor Exam" and "ACE" Exam are registered service marks of Breining Institute (Service Mark Reg. No. 68184, Class Number 41).



Advanced Credential for the Addiction Professional

Registered Addiction Specialist (RAS) Credential Application

Breining Institute • 8894 Greenback Lane • Orangevale, California USA 95662 • Phone (916) 987-8823 • E-mail Certification@Breining.edu

This Application is to be awarded the RAS Credential below:

- Registered Addiction Specialist (RAS)
Registered Addiction Specialist – Level II (RAS–II)
Registered Addiction Specialist – Level III (RAS–III)
Masters Level – Registered Addiction Specialist (M-RAS)

Indicate whether you currently have an RAS Credential:

- I DO currently have an RAS Credential
I DO NOT currently have an RAS Credential

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

Address (Number, Street, Apartment or Suite Number)

Grid for City

City

Grid for State

State (or Province)

Grid for USA Zip Code

USA Zip Code

Grid for Country

Country (other than USA)

Grid for Country Code

Country Code

Grid for Primary Telephone Number

Primary Telephone Number (including Area Code)

Grid for Secondary Telephone Number

Secondary Telephone Number (including Area Code)

Grid for E-mail Address

E-mail Address

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

Grid for Social Security Number

Social Security Number (last 4 numbers only)

Grid for Date of Birth

Date of Birth (Month-Day-Year)

Grid for Gender

Male Female

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

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

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

STATE

ZIP CODE

The undersigned authorizes the following charge to this credit card (check mark one of the following):

- \$ 175.00 ACE examination fee. Nonrefundable.
None Upgrade from existing RAS Credential. (Do not include credit card information.)

Authorized Credit Card Signature

Date

SECTION 4. REQUIRED FORMAL EDUCATION.

Formal alcohol and other drugs (AOD) education, documented with transcripts from the educational institution providing such education, must include the curriculum contained within the Addiction Counseling Competencies, *Technical Assistance Publication Series 21 (TAP 21)*, including:

Understanding Addiction - includes understanding theories of addiction, recognizing social and cultural factors within which addiction exists, behavioral and physical effects of psychoactive substances, and recognition of potential for substance abuse disorders to co-exist with other medical and psychological disorders.

Treatment Knowledge - includes philosophies and practices of generally accepted models of treatment, recovery, relapse prevention and continuing care for addiction, the importance of family and community systems in the treatment and recovery process, recognizing the importance of ongoing study in clinical practice, and understanding of multidisciplinary, non-traditional or various approaches to addiction treatment.

Communicable Diseases - includes tuberculosis, HIV disease and Hepatitis C.

Application to Practice - includes understanding diagnostic criteria for addiction treatment and placement, providing the appropriate treatment in consideration of a client's personal and cultural background situation, and familiarity with the acceptable range of medical and pharmacological resources available for treatment.

Special Populations - includes aging individuals; individuals with co-occurring disorders (e.g. alcoholism and mental illness); individuals with post traumatic stress disorder (PTSD); individuals with disabilities; diverse populations; individuals with cultural differences; individuals on probation / parole, etc.

Professional Readiness - includes personal and professional growth; understanding supervision in the delivery of client services; professional obligations to adhere to ethical standards; understanding of and participation in prevention as well as treatment programs; an understanding of procedures for handling crises or dangerous situations; and coursework related to the prevention of sexual harassment.

SECTION 5. ACE EXAM or ACE EXAM WAIVER

Candidates for any and all of the advanced Registered Addiction Specialist (RAS) Credentials must meet the following minimum requirements:

- 155 hours formal alcohol and other drug (AOD) education;
- 2,080 hours clinical experience;
- 160 hours supervised clinical experience; and
- Pass the psychometrically validated Addiction Counselor Exam or "ACE" Exam.

ALL CANDIDATES MUST PASS THE ACE EXAM, BUT, ONCE PASSED, WILL NOT NEED TO RETAKE THE EXAM TO OBTAIN ADVANCED RAS CREDENTIALS.

SECTION 6. GENERAL AOD CLINICAL EXPERIENCE (please duplicate this page for each different employer or volunteer agency)

- You will need to document at least 2,080 hours (approximately one year full time work) of clinical experience as an alcohol or other drug (AOD) or addiction counselor.

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Applicant Name

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Your Title or Position with the Agency / Organization

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Name of Supervisor

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Title / Position of Supervisor

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Agency / Organization

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Address (Number, Street, Apartment or Suite Number)

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USA Zip Code

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Agency's Main Telephone Number (including Area Code)

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Supervisor's Direct Telephone Number (including Area Code)

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E-mail Address

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Web Site Address

Dates and hours associated with AOD counseling activities within this organization (full time equals 2,080 hours per year):

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|--------------|--------------|---------------------|
| From: | To: | Total Hours: |
| Month / Year | Month / Year | Approximate |

Job Description:

Attestation of Agency / Organization Representative: I attest the above information is true and correct.

Printed name of Agency Representative

Signature

Date

SECTION 8. CODE OF CONDUCT

Sign this Code of Conduct at the space provided below.



Registered Addiction Specialist

CODE OF CONDUCT

Principle 1:

Registered Addiction Specialists (RAS) (hereinafter "Counselors") shall conduct themselves in an honest, forthright and professional manner. Counselors are prohibited from engaging in the commission of any dishonest, corrupt, or fraudulent act substantially related to the qualifications, functions or duties of a Counselor including but not limited to the following:

- a. Securing a registration, certification or renewal by fraud, deceit or misrepresentation on any application or material in support of any application for registration certification or renewal;
- b. Misrepresenting the type or status of registration or certification held by the person, or otherwise misrepresenting or permitting misrepresentation of his or her education, professional qualifications or professional affiliations to any person, program or entity;
- c. Refusal or failure to provide proper identifying registration, credential, certification or license where appropriate or required (e.g., when offering or providing alcohol and other drug (AOD) counseling services, on business cards, on informational or marketing materials, etc.);
- d. Advertising, marketing or promoting programs, services, training, education or experience in a false and misleading manner, as set forth in California Business and Professions Code sections 17200, *et seq.*

Principle 2:

Counselors shall maintain professionally appropriate boundaries with clients and family members of clients and shall conduct themselves in a professional, non-exploitive and lawful manner, and are prohibited from:

- a. Engaging in inappropriate social relationships, sexual relations or soliciting sexual relations with a client or with a former client within two years from the termination date of the counseling relationship;
- b. Committing an act of sexual abuse, misconduct or an act punishable as a sexually related crime;
- c. Engaging in a business relationship with clients, patients, program participants, residents and/or other persons significant to them within one year from the termination of the counseling relationship;
- d. Physically, verbally, sexually harassing, threatening or abusing other staff members, clients, patients, program participants, residents and/or other persons significant to any of the above;
- e. Unlawfully administering to himself or herself any controlled substance as defined in Section 4021 of the California Business and Professions Code (B&P), or using any of the dangerous drugs or devices specified in Section 4022 of the B&P, or using any alcoholic beverage to the extent, or in a manner, as to be dangerous or injurious to the person holding or applying for a registration, certification or license or to any other person, or to the public.

Principle 3:

Counselors shall comply with all Federal and State Laws and Regulations that pertain to patient/client confidentiality, mandated reporting exceptions, record keeping requirements and patient/client records access. Counselors are prohibited from:

- a. Violating client/patient confidentiality except as required or permitted by law including, but not limited to, Title 42 Code of Federal Regulations Part 2, Child Abuse, Elder Abuse and Public Safety laws and Regulations;
- b. Failing to maintain records consistent with the nature of the services being rendered;
- c. Refusing or denying patient/client access to charts and records as required by law;
- d. Violating, attempting to violate or conspiring to violate any law or regulation governing AOD registrants, certified or licensed AOD counselor.

Print name

Signature

Date

SECTION 9. PHOTOGRAPH

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

Have you had a prior certification or licensure as an alcohol or drug counselor revoked? YES NO

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)

- Completed Section 1, 2 and (if applicable) 3.
- Documentation of formal AOD education (See "Section 4"), usually in the form of transcripts from the educational institution.
- Documentation of passing the ACE Exam identified at Section 5 (if applicable).
- General AOD Clinical Experience documentation: Use one "Section 6" page for each employer or volunteer agency.
- Supervised AOD Clinical Experience documentation: Use one "Section 7" page for each employer or volunteer agency.
- Signed Code of Conduct: Sign and date the Code of Conduct located at the "Section 8" page.
- Current photograph, with your full name written on back.
- Copy of current healthcare or addiction professional license or certificate (if applicable).
- Copy of Associate, Bachelors, Masters or Doctorate degree (if applicable).
- This page completed, signed and dated.

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 attests that he or she intends to comply with the provisions of the Registered Addiction Specialist (RAS) Code of Conduct. 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

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

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

If writing check for Exam Fee, make payable to:
"Breining Institute"

THANK YOU.