



BREINING INSTITUTE

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

## Advanced Credential for the Addiction Professional Forensic Addictions Counselor (FAC) Credential

The Forensic Addictions Counselor (FAC) credential is available to individuals with an underlying addiction professional license or certification, when they meet the FAC standards, document their eligibility, and either pass the multiple-choice on-line exam or complete specific FAC education and training.

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



### 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

#### EXPERIENCE

One year full time or 2,000 hours clinical experience as a counselor in a forensic-treatment setting  
Two years full time or 4,000 hours general clinical experience in alcohol and other drug (AOD) addiction counseling (may include experience as a counselor in a forensic-treatment setting)

#### 40-hour On-line FORENSIC COUNSELOR EDUCATION COURSE (FCEC)

Complete the 4-part, 40-hour FCEC training course related specifically to FAC competencies:

**Part 1:** Contextual Information (10 hours) \$39

**Part 2:** Screening / Assessment (10 hours) \$39

**Part 3:** Treatment Approaches (10 hours) \$39

**Part 4:** Special Forensic Issues (10 hours) \$39

#### “TESTING-IN” OPTION

If you have two (2) or more years full time (4,000 hours) clinical experience as a counselor in a forensic treatment setting, you will not need to complete the FCEC Education Course, but you will need to Pass the \$79 on-line FAC comprehensive multiple-choice 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

#### FEES

All FAC candidates must complete and submit the FAC Application  
NO Application fee if you complete the 40-hour FCEC Education Course  
\$76 Application fee if you “test-in”

#### RENEWAL REQUIREMENT

Every two years  
Must maintain underlying professional license or certification  
Minimum of 6 hours continuing education (CE) in forensic addiction treatment competencies



APPLICATION for the

### Forensic Addictions Counselor (FAC) 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 name entry]

First Name

[Grid for first name entry]

Middle Name

[Grid for middle name entry]

Last Name

[Grid for last name entry]

Address (Number, Street, Apartment or Suite Number)

[Grid for address entry]

City

[Grid for city entry]

State (or Province)

[Grid for state entry]

[Grid for USA Zip Code entry]

USA Zip Code

[Grid for ZIP+4 entry]

Country Code

Country (other than USA)

[Grid for primary telephone number entry]

Primary Telephone Number (including Area Code)

[Grid for secondary telephone number entry]

Secondary Telephone Number (including Area Code)

[Grid for pager number entry]

Pager Number (including Area Code)

[Grid for facsimile number entry]

Facsimile Number (including Area Code)

[Grid for E-mail address entry]

E-mail Address

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

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

Social Security Number (last 4 numbers only)

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

Date of Birth (Month-Day-Year)

[Grid for Gender selection]

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 entry]

Credit card number

[Grid for Expiration date entry]

Expiration date

[Grid for Full name on Credit Card entry]

Full name on Credit Card

[Grid for Billing address for credit card entry]

Billing address for credit card (address to which the credit card company sends you the credit card bill)

[Grid for State (or Province) entry]

State (or Province)

[Grid for USA Zip Code entry]

USA Zip Code

**Breining Institute is authorized to charge seventy-six dollars (\$76) to this credit card.**

Authorized signature

Date

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**SECTION 4. DOCUMENTATION OF SUCCESSFUL COMPLETION OF FAC EXAM OR 40-HOUR COURSE**

You are required to provide documentation of completing either the FAC examination, or the 40-hour FAC Education Course. Both the examination and Education Course are available on-line, and you should have received a completion certificate upon your successfully passing and paying for the exam(s). Please include copies of those completion certificate(s) at this Section 4.

Place  
Completion Certificates for either the  
FAC Exam  
or  
FAC Education Courses  
here









**SECTION 9. CODE OF ETHICS**

Sign this Code of Ethics at the space provided below.



Forensic Addictions Counselor (FAC) Credential

**CODE OF ETHICS**

As a Forensic Addictions Counselor (FAC), 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 Medication Assisted Treatment Counselors 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

