



BREINING INSTITUTE

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

### Advanced Credential for the Addiction Professional

## Medication-Assisted Treatment Counselor (MATC) Credential

The Medication-Assisted Treatment Counselor (MATC) credential is available to individuals with an underlying addiction professional license or certification and advanced experience as a medication-assisted treatment counselor, when they meet the MATC standards, document their eligibility, and either pass the multiple-choice on-line exam or complete MATC Education Course.

**There are no application fees to be granted the MATC, although you will need to pass the on-line MATC Exam or complete the MATC Education Course.**

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 (2,000 hours) clinical experience as a medication-assisted treatment counselor  
Three years full time or 6,000 hours general clinical experience in alcohol and other drug (AOD) addiction counseling (may include MAT counseling)

#### EXAMINATION

Must receive passing score on the Breining Institute multiple-choice MATC Exam

#### EXAM WAIVED IF COMPLETE 40-hour MATC EDUCATION COURSE

Complete the 3-part, 40-hour training course related specifically to MAT competencies:  
Part 1: Foundation Areas, Pharmacology, Screening, Assessment (10 hours)  
Part 2: Counseling and Referral, Special Populations (15 hours)  
Part 3: Effectiveness of Opioid Maintenance Treatment, Ethics (15 hours)

#### 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

#### RENEWAL REQUIREMENT

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

[www.breining.edu](http://www.breining.edu)



APPLICATION for the

**Medication-Assisted Treatment Counselor (MATC) 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 of 20 empty boxes for identification number]

First Name

[Grid of 20 empty boxes for first name]

Middle Name

[Grid of 20 empty boxes for middle name]

Last Name

[Grid of 20 empty boxes for last name]

Address (Number, Street, Apartment or Suite Number)

[Grid of 20 empty boxes for address]

City

[Grid of 15 empty boxes for city]

[Grid of 5 empty boxes for USA Zip Code]

[Grid of 5 empty boxes for USA Zip Code]

State (or Province)

USA Zip Code

[Grid of 15 empty boxes for state]

[Grid of 10 empty boxes for USA Zip Code]

Country (other than USA)

Country Code

[Grid of 10 empty boxes for country]

[Grid of 10 empty boxes for country code]

Primary Telephone Number (including Area Code)

Secondary Telephone Number (including Area Code)

[Grid of 10 empty boxes for primary phone number]

[Grid of 10 empty boxes for secondary phone number]

Pager Number (including Area Code)

Facsimile Number (including Area Code)

[Grid of 10 empty boxes for pager number]

[Grid of 10 empty boxes for facsimile number]

E-mail Address

[Grid of 20 empty boxes for e-mail address]

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

[Grid of 4 empty boxes for Social Security Number]

[Grid of 3 empty boxes for Date of Birth]

[Grid of 1 empty box for Male]

[Grid of 1 empty box for Female]

Social Security Number (last 4 numbers only)

Date of Birth (Month-Day-Year)

Male

Female

**SECTION 3. REQUIRED DOCUMENTATION.**

MATC EXAMINATION OR MATC EDUCATION COURSE

- Copy of MATC Exam Completion Certificate, which documents that you passed the MATC exam; OR
- Documentation of completing all three parts of the on-line MATC 40-hour Education Course.

EXPERIENCE

- MAT Clinical Experience documentation: Use one "Section 5" page for each employer or volunteer agency.
- General alcohol and other drug (AOD) Clinical Experience: Use one "Section 6" page for each employer or volunteer agency.
- General alcohol and other drug (AOD) Clinical Experience substitute, if applicable: Use one "Section 7" page for each educational institution.

REFERENCES

- Three Professional References: Use one "Section 8" 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 9" page.

PHOTOGRAPH

- Current photograph, with your full name written on back.

COPY OF CURRENT ADDICTION PROFESSIONAL LICENSE OR CERTIFICATE

- Copy of State-approved, accredited or nationally-recognized license or certification related to the field must accompany application. May include medical doctors, psychologists, marriage and family therapists, registered nurses, and similar licensed and/or certified professionals working in the health care field.

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

You are required to provide documentation of completing either the MATC examination, or the 40-hour MATC 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  
MATC Exam  
or  
MATC Education Course  
here









**SECTION 9. CODE OF ETHICS**

Sign this Code of Ethics at the space provided below.



Medication-Assisted Treatment Counselor (MATC) Credential

**CODE OF ETHICS**

As a Medication-Assisted Treatment Counselor, 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

