



REGISTERED ADDICTION SPECIALIST

VERIFICATION FORM

Mail or fax to Breining Institute, 8880 Greenback Lane, Orangevale, California USA 95662-4019, Facsimile (916) 987-8823

SECTION 1. REGISTERED ADDICTION SPECIALIST (RAS) or RAS INTERN (RASi) INFORMATION.

Please type or print information clearly. Please provide as much identifying information as you have.

First Name

First Name

Middle Name

Middle Name

Last Name

Last Name

Address (Number, Street, Apt or Suite No.)

Address (Number, Street, Apt or Suite No.)

City

City

State (or Province)

State (or Province)

USA Zip Code

USA Zip Code

Primary Telephone Number (including Area Code)

Primary Telephone Number (including Area Code)

Facsimile Number (including Area Code)

Facsimile Number (including Area Code)

SECTION 2. PARTY MAKING THE VERIFICATION REQUEST.

Please type or print information clearly. We will return the verification to the person and facsimile number and/or address provided.

First Name

First Name

Middle Name

Middle Name

Last Name

Last Name

Agency Name

Agency Name

Address (Number, Street, Apt or Suite No.)

Address (Number, Street, Apt or Suite No.)

City

City

State (or Province)

State (or Province)

USA Zip Code

USA Zip Code

Primary Telephone Number (including Area Code)

Primary Telephone Number (including Area Code)

Facsimile Number (including Area Code)

Facsimile Number (including Area Code)

E-mail Address

E-mail Address

SECTION 3. BREINING INSTITUTE USE ONLY

Verification date: _____

Verification by Breining Institute staff: _____

- ▷ Certified RAS
- ▷ RAS Intern
- ▷ Active
- ▷ Inactive (previously certified)
- ▷ Suspended
- ▷ Never Certified or Registered