



BREINING INSTITUTE

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

Advanced Credential for the RAS Professional

SUPERVISOR LEVEL – REGISTERED ADDICTION SPECIALIST (S-RAS)

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. Breining Institute's Registered Addiction Specialist (RAS) Credential is nationally-accredited by the National Commission for Certifying Agencies (NCCA).

The Supervisor Level – RAS Credential is available to existing RAS, RAS II and M-RAS professionals when they meet the standards and document their eligibility. **There are no application fees to add the Supervisor Level designation to your RAS Credential, although you will need to pass the on-line S-RAS examination (\$49).**

ELIGIBILITY OPTIONS

Must hold current RAS, RAS II or M-RAS Credential AND meet the qualifications of either Option 1 or 2, below

OPTION 1

450 hours formal education in alcohol and drug abuse (AOD) studies (which may be included in or obtained separately from a degree program); AND Five years full time or 10,000 hours clinical experience in AOD counseling, which includes Two years full time (or 4,000 hours) as an AOD supervisor.

OPTION 2

Degree in the healing arts or related field; AND 155 hours formal education in alcohol and drug abuse (AOD) studies (which may be included in or obtained separately from the degree program); AND Five years full time or 10,000 hours clinical experience in AOD counseling, which includes Two years full time (or 4,000 hours) as an AOD supervisor.

ACCEPTABLE SUBSTITUTE for CLINICAL EXPERIENCE REQUIREMENT

Experience teaching a course or courses within an AOD program – Ten hours of Clinical Experience credited for each One hour of class taught

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

EXAMINATION REQUIREMENT

Must receive a passing score on the Breining Institute multiple-choice S-RAS exam

RENEWAL REQUIREMENT

Every two years, concurrent with your RAS, RAS II or M-RAS renewal date Six (6) hours of Continuing Education in Clinical Supervision must be included in the 40 hours of CE

The Registered Addiction Specialist (RAS) credential and Breining Institute are Nationally Accredited



by the National Commission for Certifying Agencies

Registered Addiction Specialists are located in 14 countries and 40 US states

www.breining.edu

Required courses to be included in 155-hour or 450-hour formal AOD Studies program

The 155-hour or 450-hour formal education courses in an alcohol and other drug (AOD) studies program may be obtained from any State-approved or regionally-accredited institution of higher learning. They should include instruction in either the "TAP 21 Counselor Competencies" or "The Twelve Core Functions" of an addiction counselor (most alcohol and drug studies programs will include one or both of these within its curriculum). Here are the subjects that should be included in the formal education program that you have completed:

Subjects

Understanding Addiction

Treatment Knowledge (including **Communicable Diseases**)

Application to Practice (including **Special Populations**)

Professional Readiness

Ethics

Prevention of Sexual Harassment

The Formal Education subjects and what they should include are explained below

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 obligation to adhere to ethical standards, understanding of and participation in prevention as well as treatment programs, and understanding of procedures for handling crisis or dangerous situations.



APPLICATION for the

SUPERVISOR LEVEL – REGISTERED ADDICTION SPECIALIST (S-RAS)

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.

First Name

First Name

Middle Name

Middle Name

Last Name

Last Name

Address (Number, Street, Apartment or Suite Number)

Address (Number, Street, Apartment or Suite Number)

City

City

State (or Province)

State (or Province)

USA Zip Code

USA Zip Code

Country Code

Country (other than USA)

Country (other than USA)

Country Code

Country Code

Primary Telephone Number (including Area Code)

Primary Telephone Number (including Area Code)

Secondary Telephone Number (including Area Code)

Secondary Telephone Number (including Area Code)

Pager Number (including Area Code)

Pager Number (including Area Code)

Facsimile Number (including Area Code)

Facsimile Number (including Area Code)

E-mail Address

E-mail Address

Web Site Address

Web Site Address

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

Social Security Number (last 4 numbers only)

Social Security Number (last 4 numbers only)

Date of Birth (Month-Day-Year)

Date of Birth (Month-Day-Year)

Male

Male

Female

Female

SECTION 3. REQUIRED ATTESTATIONS AND DOCUMENTATION.

EDUCATION

Either: Documentation of 450-hour Formal AOD Education in specified subjects (certificate of completion or transcripts).
Or Documentation of 155-hour Formal AOD Education in specified subjects AND documentation of Degree (copy of transcripts okay).

EXPERIENCE

Clinical Experience documentation: Use one "Section 6" page for each employer or volunteer agency.
 Clinical Experience Substitute documentation, 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, which attests to your intent to comply with the RAS Code of Ethics as well as with the National Board of Certified Counselors (NBCC) 2005 Clinical Supervisor Code of Ethics, as contained within the TAP 21-A Supervisor Competencies publication.

PHOTOGRAPH

Current photograph, with your full name written on back.

S-RAS EXAM COMPLETION CERTIFICATE

Copy of S-RAS Exam Completion Certificate, which documents that you passed the S-RAS exam, must accompany application.

SECTION 9. CODE OF ETHICS

You are required to maintain compliance with the Code of Ethics for RAS Professionals, as well as with the 2005 NBCC Clinical Supervisor Code of Ethics, contained within the TAP 21-A Supervisor Competencies publication. Sign this Code of Ethics at the space provided below.



REGISTERED ADDICTION SPECIALIST

SUPERVISOR LEVEL – REGISTERED ADDICTION SPECIALIST (S-RAS) CODE OF ETHICS

As a Supervisor Level - Registered Addiction Specialist, 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.
- I also intend to comply with the standards recommended within the National Board of Certified Counselors (NBCC) 2005 Clinical Supervisor Code of Ethics.

Printed name of RAS

Signature

Date

SECTION 10. PHOTOGRAPH

Include a recent photograph of yourself. This photo will be used by Breining Institute to identify you and will be included on your RAS Profile page at www.addiction-specialists.com, and will be available for viewing on the web site. 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 11. 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 12. DOCUMENTATION. Please check all that are applicable to your Application:

Eligibility Options

- OPTION 1:** 450 hours formal AOD education, 10,000 hours (five years) clinical experience, and 4,000 hours (two years) supervising experience.
- OPTION 2:** 155 hours formal AOD education, degree in the healing arts, 10,000 hours (five years) clinical experience, and 4,000 hours (two years) supervising experience.

Currently certified RAS, RAS II or M-RAS

I am a fully-credentialed and current RAS. My RAS number is:.....

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I am a fully-credentialed and current RAS II. My RAS II number is:.....

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I am a fully-credentialed and current M-RAS. My M-RAS number is:

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Documentation included with this Application (please check all that apply)

- Documentation of 450-hour Formal Education (certificate of completion or transcripts).
- Documentation of 155-hour Formal Education (certificate of completion or transcripts).
- Documentation of Degree (copy of or official transcripts are acceptable).
- Clinical Experience documentation: Use one "Section 6" page for each employer or volunteer agency.
- Clinical Experience Substitute documentation, if applicable: Use one "Section 7" page for each educational institution.
- Three Professional References: Use one "Section 8" page for each reference. Be sure to include one supervisor and two other references.
- Signed Code of Ethics: Sign and date the Code of Ethics located at the "Section 9" page.
- Current photograph, with your full name written on back.
- Copy of S-RAS Exam Completion Certificate.

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. I intend to comply with the provisions of the RAS Code of Ethics, as well with the 2005 NBCC Clinical Supervisor Code of Ethics. 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, RAS II, M-RAS and/or S-RAS may be revoked.

Signature

Date

Return this completed Application and supporting Documentation to:

Breining Institute
8894 Greenback Lane
Orangevale, California USA 95662-4019



The Registered Addiction Specialist credential is accredited by the National Commission for Certifying Agencies (NCCA). The "Registered Addiction Specialist" and "RAS" designations are registered service marks – Reg. No. 051081 Class No. Int. 41 – which may only be used by professionals who meet the qualifications and who have obtained RAS certification from Breining Institute. The REGISTER of Addiction Specialists is maintained by Breining Institute – College for the Advanced Study of Addictive Disorders.