



**BREINING INSTITUTE**

8894 Greenback Lane • Orangevale, California USA 95662-4019 • Telephone (916) 987-2007 • Facsimile (916) 987-8823

**PROFESSIONAL CREDENTIALS RENEWAL APPLICATION**

Please identify which Breining Institute credentials are being renewed (check all that apply):

- RAS       RAS II       RAS III       M-RAS       CWTS       MATC       CCDS       FAC       CSC       MCA       CCMI

**SPECIAL NOTE TO CALIFORNIA COUNSELORS:**

If you need to renew your California registration or CATC Certification, do so directly with CAADE at [www.CAADE.org](http://www.CAADE.org)

**SECTION 1. Please print or type your information carefully. Incomplete applications will not be processed.**

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

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

City \_\_\_\_\_

State (or Province) \_\_\_\_\_ USA Zip Code \_\_\_\_\_

Country (other than USA) \_\_\_\_\_ Country Code \_\_\_\_\_

Primary Telephone Number (including Area Code) \_\_\_\_\_ Secondary Telephone Number (including Area Code) \_\_\_\_\_

X X X – X X – \_\_\_\_\_    
Social Security Number (last 4 digits only)      Date of Birth      Male      Female

**SECTION 2. Renewal Fee and Credit Card Payment information (if paying by VISA or MasterCard or Discover).**

**Select one:**

- On-time renewal fee for one or more of the registration / certifications / credentials ..... \$150.00
- Late renewal fee (to be paid if within one year past your renewal date) ..... \$225.00
- Late renewal fee (to be paid if past your renewal date between one and two years) ..... \$300.00

Credit card number \_\_\_\_\_ Expiration date (Month / Year) \_\_\_\_\_

Full name on credit card \_\_\_\_\_

**Breining Institute is authorized to charge the amount selected above.**

Authorized signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 3. Continuing Education (CE) hours requirements every two years:**

The CE courses should include information relating to understanding addiction, treatment knowledge, communicable diseases, application to practice, special populations, and professional readiness. Additionally, the following specific courses and applicable hours must be included in the total CE hours:

Subject	RAS	RAS II	RAS III	M-RAS	CWTS	MATC	CCDS	FAC	CSC	MCA	CCMI
Communicable Diseases	3	3	3	3	3	3	3	3	3	3	3
Ethics	10	10	10	10	10	10	10	10	10	10	10
Prevention of Sexual Harassment	3	3	3	3	3	3	3	3	3	3	3
Women's Issues					10						
Co-occurring Disorders							10				
Clinical Supervision									6		
<b>TOTAL CE HOURS REQUIRED</b>	<b>40</b>	<b>40</b>	<b>40</b>	<b>40</b>	<b>50</b>	<b>40</b>	<b>50</b>	<b>40</b>	<b>46</b>	<b>40</b>	<b>40</b>

Please list the courses that you have completed in each subject. Attach to this Renewal Application copies of the CE Certificates or other documentation that you received after completing the CE courses.

Course title or description	Agency	Hours
<b>Communicable Diseases:</b> 3 hours required		
_____	_____	_____
<b>Ethics:</b> 10 hours required		
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Prevention of Sexual Harassment:</b> 3 hours required		
_____	_____	_____
<b>Other courses</b> (attach additional sheets if necessary)		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SECTION 4. Code of Ethics – This Code must be signed and agreed to by all Breining-credentialed professionals.**

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 substance use disorders (SUD) 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.

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SECTION 5. Photograph**

Include a recent photograph of yourself with this Renewal Application. This photo will be used by Breining Institute to identify you and will be included on your Profile page, available for viewing on the Internet through our Home page at [www.breining.edu](http://www.breining.edu). Write your full name on the back of the photo, which may be any size between 2" x 2" and 8" x 10". We will keep your photo in our files, and it will not be returned to you.

**SECTION 6. 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 7. Fees and documentation**

Please check that you have included the appropriate and full documentation necessary for your renewal:

- On-time renewal fee ..... \$150.00
- Late renewal fee (within one year past your renewal date).....\$225.00
- Late renewal fee (between one and two years past your renewal date).....\$300.00
- Copies of CE courses certificates of completion.
- Signed Section 4 Code of Ethics.
- Recent photograph.

**ATTESTATION OF INFORMATION AND CONTINUING EDUCATION**

The undersigned declares that the information contained within this renewal application, including the continuing education (CE) courses identified herein, is true and authentic. The undersigned 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, and certification / credentials may be revoked.

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Pay by credit card (at section 2) or make check payable to:  
Breining Institute

- **FAX** (if paying by credit card): 916-987-8823
- **E-mail** (if paying by credit card): [College@Breining.edu](mailto:College@Breining.edu)
- **POSTAL MAIL** (may pay by either credit card or check): Breining Institute  
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Orangevale, California USA 95662-4019