

8894 GREENBACK LANE • ORANGEVALE, CALIFORNIA USA 95662-4019 • www.BREINING.edu

# Certified Case Manager Interventionist (CCMI) Application

The Certified Case Manager Interventionist (CCMI) Credential is available to experienced health care professionals who complete 130 hours of specified education in case management and intervention training coursework, and who have passed the internationally-administered CCMI Examination.



# ELIGIBILIT Certified Case Manager Interventionist (CCMI) EXPERIENCE AS HEALTH CARE PROFESSIONAL The candidate for the CCMI Credential must have experience as a health care professional with a certification, license or degree, qualifying with EITHER: 1) A gualifying underlying certification or license as a health care professional, and at least 2,080 hours (approximately one year full time work) as a health care professional; OR 2) A minimum of a 2-year degree (i.e., Associates Degree, any major), and at least 4.160 hours (approximately two years full time work) as a health care professional. Qualifying certifications and licenses include those held by substance use disorders counselors, registered nurses, marriage and family therapists, licensed clinical social workers, etc. Qualifying degrees, which must be at least a two-year degree such as an Associates degree (or higher) in any major, may be obtained from any legitimate, recognized higher education institution, but must not be based solely or primarily upon academic credits awarded for "life experiences" or "experiential learning" or similar non-coursework credit. SPECIFIED EDUCATION / TRAINING COURSEWORK Must complete 130 hours of specified education in case management and intervention training coursework from a Breining Institute Accredited (BIA) Program. **CERTIFIED CASE MANAGER INTERVENTIONIST EXAM** Must pass the Certified Case Manager Interventionist Examination. Multiple-choice CCMI Exam, must answer 70% correctly to pass exam. Exam accessible through Breining Institute's website. RENEWAL REQUIREMENT Every two years Complete a minimum of 40 hours continuing education (CE) in substance use disorders (SUD) topics every two years.

The "Certified Case Manager Interventionist" and "CCMI" credentials are registered service marks of Breining Institute, and may only be used by professionals who have been awarded these credentials by Breining Institute: Service Mark Reg. No. 121265, Class Number 41



Advanced Specialty Credential for the Addiction Professional

Certified Case Manager Interventionist (CCMI) Application

Breining Institute • 8894 Greenback Lane • Orangevale, California USA 95662-4019 • Telephone 916-987-2007

Use this Application if you have already enrolled in and completed at least Module 1 (at least 25 hours) of the specified training from a Breining Institute Accredited (BIA) Program, or if you have already completed all 5 Modules (at least 130 hours) of training and are ready to take the multiple-choice CCMI Examination.

SEC	TIO	N 1.	Please	type of	or prin	t all o	f your	inform	natior	n clea	rly. In	comp	lete a	pplica	tions	will no	ot be	proce	ssed.						
First	First Name																								
	Γ																								
Midd	l le N	l Jame																							
	Γ																								
Last	Nai																								
Addr			nber, St	troot /	 \nortn			o Nur	nhor)																
Auur	1																								
State	State (or Province)														1	USA	Zip C	ode		-	-				
Cour	Country (other than USA)															Coun	try Co	ode							
				-			<u> </u>																		
Primary Telephone Number (including Area Code) Secondary Telephone Number (including Area Code)																									
E-ma	ail A	ddre	s																						
SEC		N 2	This in	format	ion is	forve	rificat	ion ni	irnose		0250	print	vouri	nform	ation	cloar	v								
										53. TI				1			y. 			1					
			<u>88</u>	8888		<b>]</b>		<u></u>					of Dir									Mala	_		_
5001	al S	ecuri	y Numl	per (la	st 4 n	umbe	rs oni	Y)				Date	OT BI	th (Mo	ontn-L	Jay-Y	ear)					Male	F	emale	9
SEC	TIO	N 3.	Credit	Card F	Payme	ent Inf	ormat	ion (if	payir	ng by	credit	card)	). Plea	ase cir	cle ty	pe of	card:	VIS	A or	Ma	sterC	ard	or D	iscov	er
				-	-									┣──											
Cred	it C	ard N	umber	_										1								Expi	ration	date	
	Γ																								
Full I	Van	ne on	Credit	Card										I											
			s for Ci <b>jned a</b> t										ard (	check	mar	k one		STAT		follov	vina)			ZIP C	ODE
	\$	75.00	) Initi	al App	olicati	on fo	r CCI	/I Inte	ern (C	CMI-							<b>.</b>								
	<b>\$</b> 1	75.00	) CCN	/II Exa	minat	tion f	ee. No	onrefu	ndabl	e.															
<u> </u>																				<u> </u>					
Auth	oriz	ed Ci	edit Ca	rd Sig	nature	Э														Date					

# **SECTION 4. SPECIFIED TRAINING / EDUCATION COURSE.**

The specified training course must be provided by a Breining Institute Accredited (BIA) Program provider.

The course must include at least 130 hours in five specific Modules of training listed below.

The training must build upon the applicant's previous knowledge and skills developed in order to provide advanced education and training to comprehensively support individuals struggling with addiction, mental health and/or behavioral issues:

#### • Module 1 – Introduction to Intervention and Case Management

 An overview of the principles and strategies on which to develop skills to successfully conduct interventions and provide the appropriate support post intervention.

#### Module 2 – Family Systems

 Families struggle to know what to do when faced with these issues. The coursework must explore family dynamics, make certain the student understands family systems and learn how to create a recovery plan for the entire family, as well as explore how to intervene when codependency is a component of family dynamics, including relapse risk.

#### • Module 3 – Addictions and Co-occurring Disorders

Drug and/or alcohol addictions are not the only issues facing the families with whom we work. Many have co-occurring
mental health issues or process addictions that can make intervention and case management more complex and
challenging. The coursework must make certain that students are able to identify, work with and support clients who have
complex presentations.

#### Module 4 – Cultural Sensitivity

 Being culturally sensitive can be the difference between engaging a family and preventing the process of change. Understanding and awareness is the first step to meeting the needs of clients. Included in the training must be specific information related to issues that may be present within specialty populations such as older adults, adolescents, LGBTQ, First Responders, and Veterans.

#### Module 5 – Business Ethics / Professionalism / Self Care

Understanding best practices that are guided by a code of ethics is important to providing top-level client care. As a
provider, maintaining professionalism is critical. Training must ensure the student understands ethical considerations as
an interventionist, case manager and within the treatment industry. The training must also highlight the importance of
self-care and how a well-maintained provider will be able to provide the highest level of care for clients.

• Yo	ou will	need	l to do	AL EX ocume orders	nt at l	east 2	2,080	hours	s (app	roxim	ately	one y	ear fu	ıll time	e worl	k) of c	linica	l expe	rience	e prov		servio			al. or
				d heal					1	1		1		1	1	1	1	1			.,		1	1	
\ppli	icant I	Name																							
/our	Title	or Po	sition	with th	ne Ag	ency	/ Orga	anizat	ion																
Vam	e of S	Superv	visor		-	-		-	-	-			-		-		-	-	-	-			-	-	
Title	/ Posi	ition o	f Sup	erviso	r																				
٩ger	ncy / C	Drgan	izatio	1																					
Addr	ess (l	Numb	er, St	reet, A	partm	nent o	r Suit	e Nur	nber)																
City												•				•									
															]										
State	e (or F	rovin	ce)												1	USA	Zip C	ode			1	L			·
Cour	ntry (o	ther t	han U	SA)							1			1	1	Cour	try Co	ode							•
			<u> </u>	-								]					<u> </u>								
Agency's Main Telephone Number (including Area Code)											1	1		Supervisor's Direct Telephone Num						umbe	per (including Area Code)				
E-ma	ail Ado	dress		1							I	1		I		1					L	L		I	L
Web	Site /	Addre	ss	1								1				1					L	L		<b></b>	
Date	s and	l hou	re ace	sociat	ed wi	th nr	oface	ional	healt	h car	re act	ivitio	s with	in th	is ord	aniza	tion	(full t	ime e	anala	2 08	0 hou	irs ne	rvea	r).
		nou	5 45.	Joolat			01033	Ional	nean				5 WILL			Janiza								, yee	•
Fro	m:			N	lonth	/Yeau	r				To:				Mont	:h / Y e	ar				otal	Hour		pprox	kima
	_				. o nun	, . cu.										,	ui							ppro.	
JOD	Desc	riptio	n:																						
Atte	statio	n of A	Ageno	cy / O	rganiz	zatior	n Rep	reser	ntativ	e: I at	ttest f	the at	ove i	inforr	natio	n is tı	ue ar	nd co	rrect.						
Print	rinted name of Agency Representative												Signa	ature								Date			

Sign this Code of Conduct at the space provided below.



#### Certified Case Manager Interventionist (CCMI)

# CODE OF CONDUCT

# Principle 1:

Certified Case Manager Interventionists (CCMI) Credential holders (hereinafter "Counselors") shall conduct themselves in an honest, forthright and professional manner. Counselors are prohibited from engaging in the commission of any dishonest, corrupt, or fraudulent act substantially related to the qualifications, functions or duties of a Counselor including but not limited to the following:

- a. Securing a registration, certification or renewal by fraud, deceit or misrepresentation on any application or material in support of any application for registration certification or renewal;
- b. Misrepresenting the type or status of registration or certification held by the person, or otherwise misrepresenting or permitting misrepresentation of his or her education, professional qualifications or professional affiliations to any person, program or entity;
- c. Refusal or failure to provide proper identifying registration, credential, certification or license where appropriate or required (e.g., when offering or providing alcohol and other drug (AOD) counseling services, on business cards, on informational or marketing materials, etc.);
- d. Advertising, marketing or promoting programs, services, training, education or experience in a false and misleading manner.

#### Principle 2:

Counselors shall maintain professionally appropriate boundaries with clients and family members of clients and shall conduct themselves in a professional, non-exploitive and lawful manner, and are prohibited from:

- a. Engaging in inappropriate social relationships, sexual relations or soliciting sexual relations with a client or with a former client within two years from the termination date of the counseling relationship;
- b. Committing an act of sexual abuse, misconduct or an act punishable as a sexually related crime;
- c. Engaging in a business relationship with clients, patients, program participants, residents and/or other persons significant to them within one year from the termination of the counseling relationship;
- d. Physically, verbally, sexually harassing, threatening or abusing other staff members, clients, patients, program participants, residents and/or other persons significant to any of the above;
- e. Unlawfully administering to himself or herself any controlled substance, or using any of the dangerous drugs or any alcoholic beverage to the extent, or in a manner, as to be dangerous or injurious to the person holding or applying for a registration, certification or license or to any other person, or to the public.

#### Principle 3:

Counselors shall comply with all Federal and State Laws and Regulations that pertain to patient/client confidentiality, mandated reporting exceptions, record keeping requirements and patient/client records access. Counselors are prohibited from:

- a. Violating client/patient confidentiality except as required or permitted by law including, but not limited to, Title 42 Code of Federal Regulations Part 2, Child Abuse, Elder Abuse and Public Safety laws and Regulations;
- b. Failing to maintain records consistent with the nature of the services being rendered;
- c. Refusing or denying patient/client access to charts and records as required by law;
- d. Violating, attempting to violate or conspiring to violate any law or regulation governing AOD registrants, certified or licensed AOD counselor.

Print name

Signature

Date

#### SECTION 7. PHOTOGRAPH

Include a recent photograph of yourself. This photo will be used by Breining Institute to identify you, and may be included on the online Breining Institute International Credential Verification (ICV) System (www.ccco.us.com). 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 8. PREVIOUS CERTIFICATION STATEMENT														
Have you had a prior certification or licensure as a health care professional revoked? If yes, please explain:	YES	□ NO												
SECTION 9. DOCUMENTATION. Select and include whichever is applicable to you:														

I attest that I have earned a college degree, and a copy of my diploma and/or transcripts is attached to this Application.

□ I attest that I am or was a licensed and/or certified healthcare professional (copy of license or certification must be enclosed):

Expir	Expiration date of current or most recent license or certificate (Month – Day – Year)																				
Title	itle of license or certificate																				
Licen	se or	certifi	catior	n num	ber																
Name	e of lic	censin	g or c	ertifyi	ing ag	gency															
Wah	cito o	ddroe	c of liv	ooncir		oortifu	ina a	2000													

Web site address of licensing or certifying agency

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

Completed Section 1, 2 and (if applicable) 3.

General health care professional Clinical Experience documentation: Use one "Section 5" page for each employer or volunteer agency.

Signed Code of Conduct: Sign and date the Code of Conduct located at the "Section 6" page.

Current photograph, with your full name written on back of photo (if sending by postal mail).

Copy of current or most recent health care professional license or certificate (if applicable).

Copy of Degree diploma or transcripts (if applicable).

□ This page completed, signed and dated.

# 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. The Applicant attests that he or she intends to comply with the provisions of the Certified Case Manager Interventionist (CCMI)) Code of Conduct. 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 a CCMI may be revoked.

Signature

Date

#### Return this completed Application and supporting Documentation by postal mail, fax or e-mail to:

Breining Institute 8894 Greenback Lane, Orangevale, California USA 95662-4019 Fax: 916-987-8823 E-mail: College@Breining.edu

If writing check for Application and/or Exam Fee, make payable to "Breining Institute"

THANK YOU.