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

# Advanced Credential for the Addiction Professional

# CLINICAL SUPERVISOR CREDENTIAL (CSC)

The Clinical Supervisor Credential (CSC) is available to individuals with an underlying addiction professional license or certification from an accredited, State-approved or nationally-recognized licensure or certifying agency, when they meet the CSC standards and document their eligibility. There are no application fees to be granted the CSC, although you will need to pass the multiple-choice Private-practice / Clinical Supervisor (PCS) Examination, which is administered daily at over 500 test centers located throughout the United States and Canada.



#### **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

#### **EDUCATION**

40 hours of documented education in courses related to clinical supervisor competencies

#### **EXPERIENCE**

Three years full time or 6,000 hours clinical experience in AOD counseling
One year full time (or 2,000 hours) as an AOD supervisor (may be included in general AOD experience)

#### **EXAMINATION**

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

# 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

#### ACCEPTABLE SUBSTITUTES for EXPERIENCE REQUIREMENT

The **minimum** clinical and/or supervisor experience required is 2,000 hours (or 1 year)

Acceptable substitutes for up to 4,000 hours of experience may include a degree or teaching

# A degree in addiction studies or the healing arts may substitute as follows:

AA or AS degree may substitute for 2,000 hours of clinical experience BA or BS, MA or MS, or Doctorate degree may substitute for 4,000 hours of clinical experience

# Experience teaching a course or courses within an AOD program:

Ten hours of Clinical Experience credited for each One hour of class taught

#### RENEWAL REQUIREMENT

Every two years
Six (6) hours of Continuing Education in Clinical Supervision

www.breining.edu

Breining Institute is a private college that has been dedicated to higher education, training, testing and certification for addiction professionals since 1986.



# **CLINICAL SUPERVISOR CREDENTIAL (CSC)**

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

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# SECTION 4. 40 hours in COURSES RELATED TO CLINICAL SUPERVISOR COMPETENCIES

You are required to have completed 40 hours of documented education related to the knowledge and skills necessary to competently carry out the responsibilities of a clinical supervisor. Those include courses related to the performance domains identified within the Technical Assistance Publication (TAP) Series 21-A: Competencies for Substance Abuse Treatment Clinical Supervisors (otherwise know as the "TAP 21-A Supervisor Competencies").

Please identify which courses you have taken below that apply to the study areas indicated. The courses may have been taken from approved or accredited institutions of higher education, and the coursework should have included instruction related to the following TAP 21-A Performance Domains: of 1) Counselor Development; 2) Professional and Ethical Standards; 3) Program Development and Quality Assurance; 4) Performance Evaluation; and 5) Administration. Provide certificates of completion or transcripts which verify the completion of the topics identified above, and list those institutions and courses below:

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ECTION 5. DEGREE			
applicable, please identify the degree e degree. You will also need to prov	ee that you received in the healing arts or relaide a copy of or original transcripts of the de	ated field, as well as the institution f gree to Breining Institute, with this a	rom which you obtai application.
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# SECTION 6. CLINICAL EXPERIENCE (please duplicate this page for each different employer or volunteer agency)

- You will need to document 6,000 hours (three years) of clinical experience, AND
- You will need to document 2,000 hours (one year) of experience as an AOD supervisor (may be included in total clinical experience).
- You may substitute or supplement your clinical experience with a degree or experience teaching in an AOD program (see Section 7).

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SECTION 7. CLINICAL EXPERIENCE Complete this section if you are seek experience teaching a course or cour may substitute ten (10) hours of Clinic OF 2,000 HOURS – or 1 YEAR – OF	ing to substitute or sup ses within the healing cal Experience for eac	oplement the Clinical arts or related field a h hour of class that y	Experience requirement (ide t an approved or accredited ou have taught. (PLEASE N	entified in <b>Section 6</b> ) with your institution of higher learning. Y	ou/
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SECTION 8. PROFESSIONAL REFERENCES (please duplicate this page for each reference)

A total of three references from professionals in the field of addictions who can attest to your proficiency in the field:

- One reference must be from a supervisor of your work, or from a colleague in the healing arts field; **AND**Two references must be from professionals in the general field of addictions, who know of your work in the field.

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Clinical Supervisor Credential (CSC)

#### CODE OF ETHICS

	CODE OF ETHICS	_
	linical Supervisor Credential (CSC) professional, I will comply with this Code of Ethics and do af	
	That my primary goal is recovery for the client and the client's family, through conducting my re	ole
	as a supervisor in a professional and caring manner.	
	That I have a total commitment to provide the highest quality of supervision to those whom I are	n
	committed to providing supervision. 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 of the individuals that are supervised by me, and	do
	hereby dedicate myself to the best interest of my agency and supervisees, and to help them he	
	themselves.	•
	That I shall maintain at all times an objective, professional relationship with all of my supervise	es.
	That I shall adhere to the Rule of Confidentiality with regard to all records, material and knowle	
_	concerning my client, and shall protect his/her rights to confidentiality in accord with Code of	ago
	Federal Regulations, Title 42 sections 2.1 through 2.67(1) and any other applicable regulations	2
	That I shall cooperate with complaint investigation and supply information requested during su	
_	complaint investigations, subject to the confidentiality provisions cited above.	011
	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.	iace,
	That I shall respect the rights and views of my fellow counselors and other addiction profession	nale
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	I will not verbally, physically or sexually harass, threaten, or abuse any program participant, pa	ueni,
	client or fellow addiction professional.	
	That I shall maintain respect for institutional policies and management within agencies, and will be the initiative to respect to the policies and management within agencies, and will be the policies and management within agencies, and will be the policies and management within agencies.	
	take the initiative toward improvement of such policies and management when it will better ser	ve
	the interests of my supervisees.	
	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 limite	
	the use of mood-altering drugs. I shall not provide supervision, counseling or education service	
	while under the influence of any amount of alcohol or illicit drugs (not including drugs or medical	
	prescribed by a physician or other person authorized to prescribe drugs, used in the dosage at	nd
	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 wi	th
	fellow counselors, supervisors, supervisees, and clients, and shall not engage in sexual condu	ct
	with current program participants, patients or clients.	
	These things I pledge to my professional peers and to my supervisees.	
	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 affiliate	
Printed	name of CSC appllicant Signature	Date

# Include a recent photograph of yourself. This photo will be used by Breining Institute to identify you. 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** ■ NO Have you had a prior certification or licensure as an alcohol or drug counselor revoked? ☐ YES If yes, please explain: SECTION 12. DOCUMENTATION. Please check all that are applicable to your Application: Currently licensed or certified professional ☐ I attest that I am a currently licensed and/or certified addiction professional: Expiration date of current license or certificate (Month – Day – Year) Title of license or certificate License or certification number Name of licensing or certifying agency Web site address of licensing or certifying agency Documentation included with this Application (please check all that apply) □ Documentation of 40 hours in courses related to clinical supervisor competencies (certificates of completion, transcripts, etc.). ☐ If applicable, 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 current addiction professional license or certificate. □ Copy of Breining Institute "Private-practice / Clinical Supervisor (PCS) Exam" Score Report. 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 CSC 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 a CSC may be revoked.

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

Date

Breining Institute 8894 Greenback Lane Orangevale, California USA 95662-4019 Fax: 916-987-8823

E-mail: College@Breining.edu

Questions? Please call us at 916-987-2007

Signature

**SECTION 10. PHOTOGRAPH**