



BREINING INSTITUTE

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

Advanced Credential for the Addiction Professional

Certified Co-occurring Disorders Specialist (CCDS) Credential

The Certified Co-occurring Disorders Specialist (CCDS) credential is available to individuals with an underlying addiction professional license or certification and advanced experience working with AOD / SUD clients, when they meet the CCDS standards, document their eligibility, and either pass the multiple-choice on-line Co-occurring Disorders Specialist (CDS) Exam or complete the 40-hour Co-occurring Disorders (CD) Education Course. **There are no application fees to be granted the CCDS, although you will need to pass the on-line CDS Exam or complete the CD Education Course.**



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

EXPERIENCE

Three years full time or 6,000 hours general clinical experience as a counselor in an alcohol and other drug (AOD) or substance use disorder (SUD) treatment setting

EXAMINATION

Must receive passing score on the Breining Institute multiple-choice CDS Exam

EXAM WAIVED IF COMPLETE 40-hour CD EDUCATION COURSE

Complete the 3-part, 40-hour training course related specifically to CD competencies:

Part 1: Definitions, Classification Systems, Assessment, Strategies (15 hours)

Part 2: Traditional and Special Settings, Specific Populations, Cross-cutting Issues (15 hours)

Part 3: Understanding Terms, Specific Mental Disorders (10 hours)

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

RENEWAL REQUIREMENT

Every two years

Must maintain underlying professional license or certification

Minimum of 6 hours continuing education (CE) in co-occurring disorders treatment competencies

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.



APPLICATION for the

Certified Co-occurring Disorders Specialist (CCDS) Credential

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.

[Grid for name entry]

First Name

[Grid for first name entry]

Middle Name

[Grid for middle name entry]

Last Name

[Grid for last name entry]

Address (Number, Street, Apartment or Suite Number)

[Grid for address entry]

City

[Grid for city entry]

[Grid for USA Zip Code entry]

[Grid for USA Zip Code entry]

State (or Province)

USA Zip Code

[Grid for state entry]

[Grid for USA Zip Code entry]

Country (other than USA)

Country Code

[Grid for country entry]

[Grid for country code entry]

Primary Telephone Number (including Area Code)

Secondary Telephone Number (including Area Code)

[Grid for primary phone number entry]

[Grid for secondary phone number entry]

Pager Number (including Area Code)

Facsimile Number (including Area Code)

[Grid for pager number entry]

[Grid for facsimile number entry]

E-mail Address

[Grid for email address entry]

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

[Grid for Social Security Number]

[Grid for Social Security Number]

[Grid for Social Security Number]

[Grid for Date of Birth]

[Grid for Date of Birth]

[Grid for Date of Birth]

[Grid for Gender]

Social Security Number (last 4 numbers only)

Date of Birth (Month-Day-Year)

Male

Female

SECTION 3. REQUIRED DOCUMENTATION.

CDS EXAMINATION OR CD EDUCATION COURSE

- Copy of Co-occurring Disorders Specialist (CDS) Exam Completion Certificate, which documents that you passed the CDS exam; OR
- Copies of Completion Certificates showing completion of all three parts of the on-line 40-hour Co-occurring Disorders Education Course.

EXPERIENCE

- General alcohol and other drug (AOD) Clinical Experience: Use one "Section 6" page for each employer or volunteer agency.
- General alcohol and other drug (AOD) Clinical Experience substitute, 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.

PHOTOGRAPH

- Current photograph, with your full name written on back.

COPY OF CURRENT ADDICTION PROFESSIONAL LICENSE OR CERTIFICATE

- Copy of State-approved, accredited or nationally-recognized license or certification related to the field must accompany application. May include medical doctors, psychologists, marriage and family therapists, registered nurses, and similar licensed and/or certified professionals working in the health care field.

SECTION 4. DOCUMENTATION OF SUCCESSFUL COMPLETION OF CDS EXAM OR 40-HOUR CD COURSE

You are required to provide documentation of completing either the CDS Examination, or the 40-hour CD Education Course. Both the examination and Education Course are available on-line, and you should have received a completion certificate upon your successfully passing and paying for the exam(s). Please include copies of those completion certificate(s) at this Section 4.

Place
Completion Certificates for either the
CDS Exam
or
CD Education Course
here

SECTION 8. CODE OF ETHICS

Sign this Code of Ethics at the space provided below.



Certified Co-occurring Disorders Specialist (CCDS) Credential

CODE OF ETHICS

As a Co-occurring Disorders Specialist (CCDS), 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 Medication Assisted Treatment 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.

Print name

Signature

Date

