



FACT Reciprocity Requirements

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CAARR/BCAS is offering reciprocity to all current FACT Counselors.

CAS Certification Requirement:

- No fee for the current CAS Certificate.
 - No testing required.
- Copy of current FACT Certificate.
- CAS Application information form.
 - Signed Code of Ethics.

CAS II Certification Requirement:

- No fee for the current CAS Certificate.
 - No testing required.
- Proof of a minimum of 270 hours of classroom education.
- Proof of 6,240 hours of work experience in the AOD Field.
 - Copy of current FACT Certificate.
 - CAS Application information form.
 - Signed Code of Ethics.

CAS Renewal Certification

You will be billed in May 2011 for CAS/ CASII Certification Renewal for certification period from July 1, 2011 to June 30, 2012.

See next page for CAS Certification annual renewal requirements

**If you have any questions, please contact:
Traci Phillips
916.388.9460 ext. 23, or
Traci@caarr.org**

CAS Certification Annual Renewal Requirements

CAS Certification Renewal:

- \$125.00 annual fee. (CAS)
- \$175.00 annual fee. (CAS II)
- Signed Code of Ethics
- 30 Continuing Education Hours (**Acceptable subjects**)
 - TAP 21 “Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice”, Technical Assistance Publication Series
 - Communicable diseases including tuberculosis, HIV disease, and Hepatitis C
 - Prevention of sexual harassment
 - Provision of services to special populations including: aging individuals, individuals with co-occurring disorders (e.g., alcoholism and mental illness), individuals with disabilities, diverse populations, individuals with cultural differences, individuals on probation/parole, etc.
 - **One combined 3 hour session covering ethics and confidentiality is required every year. (Example: 2 hours ethics/ 1 hour confidentiality) Not to exceed 6 hours total.**

Continuing Education Hours limitations:

CPR and FIRST AID will NOT BE ACCEPTABLE FOR recertification period 2011-2012.

- **6 hours in house trainings maximum.**
In house trainings are those presented by staff of your employer. (Must be documented on company letterhead with a supervisor signature.)
- **24 hours of on-line trainings maximum and/or outside trainings.**

Suggested online websites:

www.caarr.org

www.dlcas.com

www.fastceus.com

www.breining.edu

BOARD FOR CERTIFICATION OF ADDICTION SPECIALISTS (CAS®)

P.O. Box 214127, Sacramento, CA 95821

Phone: 916.338.9460

office use only

Application for Certified Alcoholism and Other Drug Addictions Recovery Specialist (CAS)
Please print name exactly as you want it to appear on Certificate

Name: _____ Date of Birth: _____
Address: _____ Social Security # _____
City, State Zip: _____ Cell Phone # _____
County: _____ Home Phone# _____
Work Phone# _____

If you are a recovering alcoholic or addict, please indicate the date your continuous abstinence began:
(month, day and year of sobriety date) If not, please indicate "N/A" in the space provided. _____

Have you ever had a Certificate or License Suspended or Revoked? no or yes
If yes, by whom? _____ When? _____

EMPLOYMENT

Name of alcohol or drug program in which you are employed: _____
Work Supervisor: _____ Phone: _____

Listing most recent experiences first, please indicate both your paid and volunteer work experience in social model/community based recovery programs. Attach additional pages if necessary.

Month & Year	Name/Address of Employer	Job Title	Duties

EDUCATION
Attach certificate(s) of completion/graduation from CAARR Institute, Breining, TIAC, etc. or official transcripts from a vocational, community college or university (required).

AUTHORIZATION TO RELEASE INFORMATION
I understand that additional information may be necessary to continue the CAS certification process. I hereby authorize the release of my employment and/or personal reference information to any authorized representative of CAS. Further, I give consent for CAS to release information regarding my CAS status to prospective employers, members of the public, or State or County AOD Administrators or designees. I recognize there is no expiration date on this request.

Name (Please print): _____ Date: _____
Signature: _____

Please enclose \$225.00 non-refundable processing and testing fee with your completed application. Make checks/money order/cashier's check payable to: CAARR or include Credit Card info below.

Credit Card Information Name on Credit Card: _____ Exp: Date: _____ Credit Card # _____
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Certified Alcoholism and Other Drug Addiction Recovery Specialist®
Code of Ethics

As a Certified Alcoholism and other Drug Addiction Recovery Specialist (CAS®), or a registrant for becoming a CAS, I agree to conduct myself in all my relationships both personal and professional in accordance with the general and specific standards contained within this code:

Standard 1. Integrity

A CAS is dedicated to uphold the dignity and worth of all human beings and pledges to provide quality services for the welfare and betterment for all members of society.

- (a) A CAS shall refrain from the undertaking of any activity where personal conduct, including the use of alcohol and or illicit drugs, is likely to result in providing inferior services or constitute a violation of law. Drugs or medication prescribed by a physician or other person authorized to prescribe drugs, or any over-the-counter drugs or medication shall only be used in the dosage and frequency prescribed or on the box, bottle, or package insert.
- (b) A CAS who has knowledge of or observes any unethical or unprofessional behaviors in violation to the Code of Ethics shall report the violation to the appropriate authority.
- (c) A CAS shall not enter into any situations that may be construed as misappropriation of funds or resources.

Standard 2. Non-Discrimination

A CAS shall not discriminate against program participants, residents, or other staff members, based on race, religion, gender, disability, national ancestry, sexual orientation, or economic condition.

- (a) A CAS shall stay cognizant of any and all cultural, ethnic and gender issues pertaining to the population he or she is serving and will not otherwise press them to adopt beliefs and behaviors which reflect his/her personal value system.
- (b) A CAS shall be knowledgeable about The Americans with Disabilities Act (ADA) requirements and make reasonable accommodations for persons with disabilities when appropriate.
- (c) A CAS shall make appropriate referrals for any individual for whom he or she is unwilling or unable to provide adequate service.

Standard 3. Interpersonal/Interprofessional Relationships

A CAS shall maintain positive and supportive relationships with program participants, residents, staff members and or other agencies and staff with whom he or she may be directly or indirectly involved.

- (a) A CAS will not become involved financially, romantically or sexually with a program participant, resident, their family member, or other persons who are significant to such persons for at least one year after the last professional contact.
- (b) A CAS will not engage in social or business relationships with program participants, residents, family members or other persons who are significant to such persons for at least one year after the last professional contact.
- (c) A CAS will not commit any act of violence, threat of violence, real or implied, harassment, or abuse either verbally, physically, sexually or threaten in any way to a program participant, resident, or family member, other persons who are significant to such persons, or staff members.
- (d) A CAS respects organizational policies and procedures, rights of other staff members and cooperation with management both on the job and in associations with other agencies.

