

CAS – ADDING A SPECIALIZATION - 2012



American Academy
of Health Care Providers
I N T H E
Addictive Disorders



INSTRUCTIONS

To add a specialization to your CAS certification, please complete and submit the following:

_____ Updated and current resume or curriculum vitae.

_____ 60 CEU hours – Specialization specific education (Academy approved).
Documentation form is provided.

_____ Clinical Supervisor Verification Form in sealed envelope with signature.

Enclosures:

- Form completed and Clinical Supervisor's signature notarized.
- Resume or CV of Clinical Supervisor

_____ Specialization fee of \$50 per specialization

CAS – ADDING A SPECIALIZATION - 2012



American Academy
of Health Care Providers
I N T H E
Addictive Disorders



CERTIFIED ADDICTION SPECIALIST (CAS)

CLINICAL SUPERVISOR VERIFICATION FORM – SPECIALIZATION(S)

To be completed by the Certified Addiction Specialist:

Name: _____ CAS No. C-_____

Current specialization(s): Alcohol ____ Other Drugs ____ Eating Disorders ____ Sex Addiction ____ Gambling ____

Adding specialization(s): Alcohol ____ Other Drugs ____ Eating Disorders ____ Sex Addiction ____ Gambling ____

To the Clinical Supervisor:

The applicant named above is certified as a Certified Addiction Specialist with the American Academy with specializations, as noted, and has completed additional training to add a specialization to the certification.

To qualify for an additional specialty, applicants must have supervised clinical experience, a minimum of 60 hours of specialized addiction education, and must demonstrate a critical understanding of the central tenets of the specific addiction treatment. The applicant has identified you as having been his/her clinical supervisor for the added specialization.

Please complete this Clinical Supervisor Verification Form, and sign it before a notary public; include a copy of your curriculum vitae or resume with the completed form. This form should be sealed in an envelope with your name signed across the seal. Forms will then be returned to the Certified Addiction Specialist for submission to the Academy.

The following to be completed by the supervisor (**form is confidential**):

Clinical Supervisor's Information:

Name _____ Title/Position _____

Organization/Company _____

Address _____

City _____ State _____ Country _____ Postal Code _____

Clinical Supervisor's Specialty Field (Check all that apply)

Alcohol ____ Other Drugs ____ Eating Disorders ____ Sex Addiction ____ Gambling ____

CAS – ADDING A SPECIALIZATION - 2012

Clinical Supervisor's Information – continued:

Your Degree _____

Your Licenses/Certifications _____

Specialty Boards _____

Are you a Member of the American Academy of Health Care Providers? ___ Yes ___ No

Dates of supervision with the above named applicant: Month/Year _____ to Month/Year _____

Total Months of Clinical Supervision: _____ months. Total hours applicant worked per week: _____ hrs

Number of direct (face to face) supervision **hours each week** for the period listed above _____

Name of facility where supervision was conducted _____

Your position at the time of supervision _____

Applicant's position at the time of supervision _____

Comments about the applicant (form is confidential):

This signed form represents verification of the applicant's supervised experience providing direct health care service to those individuals identified with an addictive disorder in the designated specialty.

Signature: _____

Title: _____

Telephone: _____

E-mail: _____

Date: _____

Please have this form notarized and then return it to the applicant in a sealed envelope with your signature across the seal.

Notary Stamp

Notary Signature

**Questions? Contact Cheri Swensson, Executive Director, American Academy of Health Care Providers
314 West Superior Street, Suite 508, Duluth, MN 55802 * 218-727-3940
email: cswensson@americanacademy.org**

American Academy of Health Care Providers in the Addictive Disorders

CERTIFIED ADDICTION SPECIALIST CERTIFICATION

Applicant Documentation of Specialization Training/Education

SPECIALIZATIONS:

Please check specializations selected.

- ALCOHOL – Attach copies of certificates of completion and/or transcripts**

Date of Certificate of Completion/Transcript	Title of Alcohol-Specific Training	Approved by	CE hours

Must total 60 hours minimum

- OTHER DRUGS - Attach copies of certificates of completion and/or transcripts**

Date of Certificate of Completion/Transcript	Title of Other Drugs-Specific Training	Approved by	CE hours

Must total 60 hours minimum

- SEXUAL ADDICTION - Attach copies of certificates of completion and/or transcripts**

Date of Certificate of Completion/Transcript	Title of Other Drugs-Specific Training	Approved by	CE hours

Must total 60 hours minimum

- EATING DISORDERS - Attach copies of certificates of completion and/or transcripts**

Date of Certificate of Completion/Transcript	Title of Other Drugs-Specific Training	Approved by	CE hours

Must total 60 hours minimum

American Academy of Health Care Providers in the Addictive Disorders

CERTIFIED ADDICTION SPECIALIST CERTIFICATION

Applicant Documentation of Specialization Training/Education

- GAMBLING - Attach copies of certificates of completion and/or transcripts**

Date of Certificate of Completion/Transcript	Title of Other Drugs-Specific Training	Approved by	CE hours

Must total 60 hours minimum