

# CAS – ADDING A SPECIALIZATION



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

## INSTRUCTIONS/CHECKLIST

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

- \_\_\_\_\_ Updated and current resume or curriculum vitae.
  
- \_\_\_\_\_ 60 hours of education/training in specific specialization.  
Documentation form is provided.
  
- \_\_\_\_\_ Clinical Reference by supervisor or colleague in the field.
  
- \_\_\_\_\_ Specialization fee of \$50 per specialization.

If you have any questions or comments please, contact Shannon Hursh, Program Director.

**American Academy of Health Care Providers in the Addictive Disorders**

**314 West Superior Street, Suite 508**

**Duluth, MN 55802**

**218.727.3940 (phone)**

**218.722.0346 (fax)**

**email: [shursh@americanacademy.org](mailto:shursh@americanacademy.org)**

# CAS – ADDING A SPECIALIZATION



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CERTIFIED ADDICTION SPECIALIST (CAS)

## Clinical Reference

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 Referent:

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 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 or professional colleague.

Please complete and sign this Clinical Reference Form indicating that \_\_\_\_\_ has demonstrated a critical understanding of the central tenets of the specific addiction treatment. This form is to be returned to the Certified Addiction Specialist for submission to the Academy.

The following to be completed by the referent:

### Clinical Reference Information:

Name \_\_\_\_\_ Title/Position \_\_\_\_\_

Relationship to CAS \_\_\_\_\_

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 \_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**American Academy of Health Care Providers in the Addictive Disorders**

**CERTIFIED ADDICTION SPECIALIST CERTIFICATION**

*Applicant Documentation of Specialization Training/Education*

**SPECIALIZATIONS:** Please check specializations to be added to your certification.

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

Date of Certificate of Completion/Transcript	Title of Alcohol-Specific Training	Approved by	Education Hours

Must total 60 hours minimum

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

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

Must total 60 hours minimum

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

Date of Certificate of Completion/Transcript	Title of Sexual Addiction Training	Approved by	Education hours

Must total 60 hours minimum

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

Date of Certificate of Completion/Transcript	Title of Eating Disorder Training	Approved by	Education hours

Must total 60 hours minimum

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

Date of Certificate of Completion/Transcript	Title of Gambling Addiction Training	Approved by	Education hours

Must total 60 hours minimum