

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 \$75 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

CAS – ADDING A SPECIALIZATION



American Academy
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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 Disordered Gambling Training	Approved by	Education hours

Must total 60 hours minimum