



CMATS and CMAT-PS Application

Check List of Requirements for the Certified Medication Assisted Treatment Specialist (CMATS)

(For those holding an Addiction Credential or a Behavioral Health License)

- ☐ Completed Application
- ☐ Copy of current Addiction Counseling credential (CAC, CMAC, MAC, CADC, etc) or a Behavioral Health License (LCSW, LMFT, LPCA)
- ☐ Copies of required CE Hours completed for this credential that were offered by GACA (42 hours total)
- ☐ Employment Sheet if you are using a Behavioral Health License to apply demonstrating a minimum of 5 years of experience working with Substance Use Disorders
- ☐ Affirmation of the Code of Ethics
- ☐ GACA Oath
- ☐ Payment of \$150 (attach copy of GACA Credential)

Education Requirements

Completion of 42 hours provided through GACA provided training only

- Ethics of MAT (3 hours)
- 39 additional MAT Related training such as Opioid Overdose Prevention Training, MAT Effectiveness, Recovery, Harm Reduction with MAT, etc.



Check List of Requirements for the Certified Medication Assisted Treatment - Peer Specialist (CMAT-PS)

(For those who are not credentialed as an addiction counselor or licensed therapist. ie, CCIT, CARES, CPS, or no credentials)

- ☐ Completed Application
- ☐ Copies of required CE Hours completed for this credential that were offered by GACA (42 hours total)
- ☐ Affirmation of the Code of Ethics
- ☐ GACA Oath
- ☐ Payment of \$150

Education Requirements

Completion of 42 hours provided through GACA provided training only

- Ethics of MAT (3 hours)
- 39 additional MAT Related training such as Opioid Overdose Prevention Training, MAT Effectiveness, Recovery, Harm Reduction with MAT, etc.

BIANNUAL RECERTIFICATION Requirements for CMATS/MAT-PS

- Recertification Application
- 3 CE Hours of Ethics of MAT through GACA
- 6 CE Hours of MAT training through GACA or an approved GACA education provider
- Recertification Fee of \$150 (membership rate)



GACA CMATS/MAT-PS APPLICATION

☐ Applying for CMATS ☐ Applying for CMAT-PS

Provide detailed information for all sections of this application. Print legibly or type. Incomplete or unsigned applications will be returned to applicants for completion, causing delay or disqualification. Applications without payment will not be processed. A resume may be attached but will not be accepted as a substitute for a completed application form.

PLEASE PRINT CLEARLY /TYPE INFORMATION:

| | | | | |
|---|--|--------|--|-----------------------------|
| NAME: | Last Name: | First: | Middle Initial: | Maiden Name, if applicable: |
| ADDRESS: | Street or PO Box: | | | |
| ADDRESS: | City: | State: | Zip: | County |
| CONTACT | Daytime Phone: | | Cell Phone: | |
| | Personal E-mail: | | | |
| | Work Email: | | | |
| PERSONAL | Date of Birth (must be over the age of 21) | AGE: | Last 4 Social Security #: XXX-XX- | |
| <i>*It is the responsibility of the applicant to inform GACA and the Certification Committee in writing of any demographic changes, GACA is not held responsible if applicant does not inform the office of these changes; failure to do so may impact certification/re-certification process and late fees will apply.</i> | | | | |
| (For statistical purposes only: | | | | |
| GENDER: | | | | |
| MARITAL STATUS: | | | | |
| RACE: | | | | |

DISCLAIMERS and INSTRUCTIONS

I hereby understand that by seeking any GACA certification it does not guarantee any employment options or opportunities. I will not hold GACA, GACA clinical supervisor, officers, Committee members, employees and examiners liable for any lack of ability to obtain employment.

This credential does not offer any additional scope of practice that you do not already have by virtue of the credential used to apply for this credential. This credential indicates a level of specialized training to enhance the line of work that you are engaged in.

Office use ONLY

| | | | |
|-----------------|----------------------------|------------|------------|
| Staff Initials: | Date Application Received: | Fees Paid: | Late Fees: |
|-----------------|----------------------------|------------|------------|



Education Page (you must include the copies of your CE certificates with your application)

Education Log

| Date of Workshop: | Workshop Title | Instructor: | CE Hours |
|-------------------|----------------|-------------|----------|
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EMPLOYMENT INFORMATION

(Only Complete this section if you are utilizing a License to apply):

| | |
|---|---|
| <i>Applicant must hold/maintain position(s) providing direct services to clients utilizing the eight (8) counseling skill groups in an agency or facility that provides addiction counseling.</i> | |
| Name of Employer: | |
| Your Job Title: | Dates of Employment: |
| Name and Title of Immediate Supervisor: | Number of Hours per Week: |
| Mailing Address of Employer: | Telephone - include area code and/or extension: |
| Primary Job Duties (Please include current job description issued by employer) | |

| | |
|--|---|
| Name of Employer: | |
| Your Job Title: | Dates of Employment: |
| Name and Title of Immediate Supervisor: | Number of Hours per Week: |
| Mailing Address of Employer: | Telephone - include area code and/or extension: |
| Primary Job Duties (Please include current job description issued by employer) | |

I HEREBY AFFIRM, that ALL information submitted in this application is true and accurate, falsifying information will result in denial of application and any future GACA certification applications.

| | |
|----------------------------|-------|
| Applicants name (printed): | Date: |
| Applicants signature: | |



AFFIRMATION OF CODE OF ETHICS

On October 15, 2017, Georgia Addiction Counselors Association (GACA) adopted the NAADAC/NCC AP Code of Ethics that was updated and became effective October 9, 2016. The Code of Ethics sets nine principles that consider the clinician, supervisor, and relevant others.

The nine principles are:

- Principle I: The Counseling Relationship
- Principle II: Confidentiality and Privileged Communication
- Principle III: Professional Responsibilities and Workplace Standards
- Principle IV: Working in a Culturally Diverse World
- Principle V: Assessment, Evaluation and Interpretation
- Principle VI: E-Therapy, E-Supervision and Social Media
- Principle VII: Supervision and Consultation
- Principle VIII: Resolving Ethical Concerns
- Principle IX: Publication and Communications

The GACA / NAADAC/NCC AP Code of Ethics provides direction and guidance to addiction counselors, education providers, service organizations, regulatory boards, legislators, and other related parties. The GACA Code of Ethics is located at <http://gaca.org/about-gaca/gaca-code-ethics/>. Ethics code violations may result in disciplinary actions, including loss of credential.

I HEREBY AFFIRM, that I have read and understand all my professional obligations, duties, and responsibilities under all nine (9) principles and/or provision of the GACA / NAADAC/NCC AP Code of Ethics.

| | |
|----------------------------|-------|
| Applicants name (printed): | Date: |
| Applicants signature: | |



GACA OATHS

I HEREBY CERTIFY THAT ALL OF THE INFORMATION GIVEN HEREIN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ALSO AUTHORIZE ANY NECESSARY INVESTIGATIONS AND THE RELEASE OF MANUSCRIPTS AND OTHER PERSONAL INFORMATION RELATIVE TO MY CERTIFICATION, (FALSIFICATION WILL NULIFY THIS APPLICATION AND MAY RESULT IN REVOCATION OF ANY GACA CERTIFICATION).

ASSURANCES AND RELEASE

PLEASE NOTE: GACA reserves the right to request further information from all employers and other persons listed on the application form. The Certification Committee and its review committees reserve the option of requesting an oral interview with the applicant. This information will be strictly used to evaluate the professional competence of the applicant as requested in order to verify education, employment, etc. This information is not available to anyone outside this process without the written consent of the applicant.

“I give my permission for GACA and its staff to investigate my background as it relates to statements contained in this Application for Certification. All information given herein is true and complete to the best of my knowledge and belief. I understand that intentional false or misleading statements or intentional omissions shall result in denial or revocation of any GACA certification.”

“I consent to the release of information contained in my application file and other pertinent data submitted to or collected by GACA to officers, members, and staff of the aforementioned Committee.”

“I further agree to hold GACA, its officers, Committee members, employees and examiners free from any civil liability for damages or complaints by reason of any action that is within the scope of the performance of their duties which they may take in connection with application and subsequent examinations, and/or the failure of GACA to issue certifications.”

“By affixing my signature on receipt of acknowledgement, I certify my complete understanding of these statements and my intention to be fully bound thereby.”

I HEREBY AFFIRM, that I have read and understand the components outlined in the GACA Oath, Assurance and Release.

| | |
|----------------------------|-------|
| Applicants name (printed): | Date: |
| Applicants signature: | |



GACA CMATS/CMAT-PS FEES

| ALL FEES ARE NON-REFUNDABLE | |
|--|---|
| CMATS/CMAT-PS INITIAL APPLICATION | \$150.00 Members \$200.00 Non-Members <i>(bi-annual renewal required)</i> |
| CMATS/CMAT-PS RECERTIFICATION APPLICATION (9 GACA Approved MATS CE Hours Required) | \$150.00 Members \$175 Non-Members |
| Annual Membership Fee (optional) | \$145.00 for Full Member |
| TOTAL AMOUNT DUE Make ALL checks or money orders payable to Georgia Addiction Counselors Association *If renewal application is late, late fees will apply | \$ _____ |

If paying with debit/credit card, please complete the following information:

Card Holder Signature: _____

Credit Card #: _____

Expiration Date on Card ____/____/____ VIN#_____(last 3 digits on back of card)

Print name as it appears on card: _____

Company Name, if applicable: _____

Cardholder Billing Address: Street: _____

City, State, ZIP _____
(Zip Code Required to Process Credit Card)

APPLICATIONS SUBMITTED WITHOUT REQUIRED FEES WILL NOT BE PROCESSED OR REVIEWED

Mail application, documentation and fees to:

Georgia Addiction Counselors Association (GACA)
4015 South Cobb Drive SE, Suite 160, Smyrna, Georgia 30080