



# Alcohol & Drug Abuse Certification Board of Georgia

P.O. BOX 250449  
Atlanta, GA 30325

770.825.0481      Fax: 770.790.0018  
ADACBGA.org      info@adacbga.org

Dear Medication Assisted Treatment Specialist (MATS) Applicant:

This Application is required before you are enrolled in the training course. Application reviews may take up to 30 days. Please use the following checklist to assure that your application is complete:

	1. Completed application and biographical data sheet.
	2. Signed ethics statement. If you filled your packet out on a computer, your typed signature is considered a legally binding “e-signature” and will be accepted by this board as your agreement to the assurance and release statement.
	3. You will need to submit the following submission of your application and fees: <b>Education:</b> Completion of our specific 40 Hour MATS Training Module, which includes an initial 6-hour live training session. This training will give you a 40 hour CE Certificate good for recertification packets and the MATS Certificate credential.
	4. Included application and processing <b>fee of \$150</b> . The application fee covers the various expenses involved in processing and issuing your new certificate, therefore it is non-refundable.  <b>THE APPLICATION FEE IS WAIVED IF YOU ALREADY HOLD A <u>CURRENT</u> CERTIFICATION WITH <u>ADACBGA</u></b>
	5. Attached a copy of your current ADACBGA credential, if applicable, for the application waiver.
	6. Included <b>Training and Testing Fee of \$200</b> . This fee is refundable up to two weeks prior to the live training date.  Acceptable forms of payment are check, money order or online payment with a credit card under the “Payment” tab of our website. The application fee covers the various expenses involved in processing and issuing your new certificate, therefore it is non-refundable.
	7. Mailed to the Board office <b>REGULAR MAIL ONLY</b> . Registered/certified mail may delay delivery of your application.

Once your application is reviewed you will be notified via mail if your application is still missing anything. **THIS REVIEW MAY TAKE UP TO 30 DAYS.** If your application is complete and approved, you will receive your certificate. The review process takes a minimum of two weeks and could take up to 30 days. You must pass the computer based exams as part of the training to be eligible for this training credential.

Your MATS training certificate is valid for two years from the issue date. You may use the MATS designation with your signature to denote specialist status. In order to maintain your credential you must document a total of 6 hours of continuing education relating to Medication Assisted Treatment in the two year period and submit a fee of \$50.

Should you have any questions, please feel free to contact the office.

### **FEE SCHEDULE**

APPLICATION FEE	\$150.00
(Waived if you hold a current ADACBGA Credential)	
(NON REFUNDABLE)	
TRAINING and EXAM FEE	\$200.00
RECREENTIAL FEE	\$50.00
(every two years)	



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## MATS APPLICATION & BIOGRAPHICAL DATA

Please type or print legibly:

Name:

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Any other or previous name(s) used: \_\_\_\_\_

Address:

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City

State

Zip

County

Work Name and Address: \_\_\_\_\_

City

State

Zip

County

Email: \_\_\_\_\_ Gender: \_\_\_\_\_

To keep you better informed about ADACBGA, we automatically include you in our electronic mailing list. If you do not wish to receive news and updates you will be asked to opt out. If you would like to unsubscribe, please check here.  Unsubscribe

Preferred Phone: (\_\_\_\_)-\_\_\_\_\_ Work: (\_\_\_\_)-\_\_\_\_\_

\*As a courtesy to credentialed individuals we will list your county of employment, work phone number and email in a searchable database on our website. Some employers and potential employers use this site to verify credentials. Would you like this information listed for public viewing? Yes  No

Date of Birth: \_\_\_\_\_ Social Security no. XXX-XX-\_\_\_\_\_

Ethnic Affiliation: \_\_\_\_\_ (For statistical purposes only)

Highest Education level completed:

High school or GED  Associate  Bachelors  Masters  Doctorate

List any other boards by which you are certified or licensed:

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**ASSURANCE AND RELEASE  
ETHICS STATEMENT**

**(Please Initial Where Requested as Indication You Have Read and Understand Each Section)**

\_\_\_\_\_(Initial) I hereby attest that all the information given herein is true and complete to the best of my knowledge and belief. I understand that falsification of any portion of this application will result in my being denied this credential, or revocation of same, upon discovery

\_\_\_\_\_(Initial) I have read, understand, and agree to act in accordance with the code of ethics recognized by my profession and in compliance with any and all codes of professional conduct in effect in the State of Georgia.

\_\_\_\_\_(Initial) I acknowledge the right of ADACBGA to verify the information in this application or to seek further information from employers, schools or persons mentioned herein.

\_\_\_\_\_(Initial) I further understand that that it is my responsibility to maintain my certificate by renewing prior to my expiration date. It is my responsibility to keep my credential up to date.

\_\_\_\_\_(Initial) I agree to have my current valid certificate from ADACBGA on display or easily accessible.

\_\_\_\_\_(Initial) It is important to note that this credential provides no permission to practice and does not afford the practitioner a scope of practice they are not already entitled to under their existing credentials. If an individual chooses to pursue the MATS credential without any other professional credentials, certifications or licenses, the MATS credential simply indicates the practitioner has met basic eligibility requirements and demonstrated their competency and basic knowledge of the subject by completing MAT-specific education and testing.

\_\_\_\_\_(Initial) I will hold ADACBGA, its Board members, officers, agents, and staff free from any civil liability for damages or complaints by reason of any action that is within the scope and arising out of the performance of their duties which they, or any of them, may take in connection with this application, the attendant examination, the grades with respect to any examination, and/or failure of the Board to bestow upon me the certificate as a Medication Assisted Treatment Specialist.

\_\_\_\_\_(Initial) I further understand that ADACBGA will post on our website and provide to IC&RC my contact information for their data base, along with my certificate number, level, expiration date and original certificate date.

\_\_\_\_\_(Initial) This is an ADACBGA certificate, valid only in the state of Georgia with no reciprocal rights.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

\*Remember to include your fee of \$150 for the application and your fee of \$200 for the training or make an online payment with a credit card under the "Payment" page of our website.

**The Medication Assisted Treatment Specialist (MATS)**  
Alcohol & Drug Abuse Certification Board of Georgia (ADACBGA)

**MATS CORE FUNCTIONS AND SKILLS**

ADACBGA measures competency through Core Functions. The 14 Core Functions are performed by MATS to various degrees. MATS are not required to be experts in the 14 Core Functions, but are expected to gain proficiency in these functions as they advance in their careers. Board Registration as a MATS focuses on the evaluation and demonstration of professional competency, i.e., the ability to do the job and to perform the required tasks.

**Admissions Screening** - The process by which a patient is determined appropriate and eligible for admission to a program.

**Intake** – The administrative and initial assessment procedures for admission to a MAT program. The result of this assessment should suggest the focus for treatment and the medication dosage.

**Orientation** - The process of describing the following to the patient:

- general nature and goals of the program
- rules governing patient conduct and infractions that can lead to disciplinary action or discharge from the program
- the methods/hours during which services are available in a nonresidential program and provisions for emergency contact during hours in which services/emergency services are not available
- infectious diseases
- treatment costs to be borne by the patient, if any
- patient's rights

**Assessment** - The procedures by which the MATS identifies and evaluates an individual's strengths, weaknesses, problems and needs for the development of the treatment plan.

**Treatment Planning** - The process by which the MATS and the patient:

- identify and rank problems needing resolution
- establish agreed-upon immediate and long-term goals
- decide on a treatment process and the resources to be used

Treatment planning is a dynamic process, and plans must be regularly reviewed and modified as appropriate.

**MAT Case Management** - Activities that bring services, agencies, resources or people together within a planned framework of action toward the achievement of established goals. Case Management may involve liaison activities and collateral contacts.

**Crisis Intervention** - Provision of services that respond to MAT patients' needs during acute emotional and/or physical distress. MATS must be able to identify crises when they surface,

attempt to relieve or resolve the immediate problem and if possible, use the negative events to enhance treatment efforts.

**Patient Education** - Provision of information to individuals and groups concerning MAT patients, associated medical and mental health problems in patients who are alcohol and other drug addicted and the availability of services and resources within each community.

**Referral** - Identifying the needs of the patient that cannot be met by the MATS or agency and assisting the patient in using the support systems and community resources available.

**Reports and Record Keeping** - Charting the results of the assessment and treatment plan, and writing reports, progress notes, discharge summaries, toxicology results and other patient related data.

**Consultation with Other Professionals** - Communicating with professionals to assure comprehensive, quality care for the patient regarding treatment/services.

**Attitudes Towards MAT Populations** - The process of interacting with alcohol and other drug addicted patients. Given the distinct problems associated with this population, the MATS must take into consideration the following: patient orientation, stigma of having an addiction, cultural sensitivity and ethical awareness.

**Roles, Boundaries and Professional Relationship Dynamics** - The nature of relationships between professional and patient. Constantly assessing his/her role with patients, the MATS must realize biases towards the issues of alcohol and other drug addiction and/or abuse and must understand the dynamics of transference and counter transference to avoid entering into dual relationships.

**Health and Safety** – The process of identifying, assessing and addressing environmental characteristics that could adversely affect the well-being of MAT patients and others. MATS are strongly encouraged to have a basic understanding of CPR and first aid, infection control, universal precautions, sanitation, basic principles of nutrition, dosing, drug testing, pain management vs. opioid maintenance treatment and rules and regulations relating to patient safety including a diversion control plan.

## MATS DOMAINS

In addition to the 14 Core Functions of the MATS, the Four (4) Domains and their corresponding tasks show practice and treatment knowledge as it pertains to medication assisted treatment (MAT) for substance use disorders and sets the ADACBGA MATS apart from many other similar credentials in the field.

### **DOMAIN I: PHARMACOTHERAPY**

Task 1 - Screen appropriateness and eligibility for MAT and provide referrals as needed.

Task 2 - Identify risks associated with MAT and strategies for response.

Task 3 - Understand medications used in the treatment of substance use disorders.

Task 4 - Recognize medical factors for special populations benefiting from MAT medications.

Task 5 - Recognize need for medical consultation to address specific concerns around client care.

Task 6 - Comply with federal and state regulations and agency policies regarding MAT.

Task 7 - Identifying locations and modalities of MAT.

## **DOMAIN II: RECOVERY SUPPORTS**

Task 1 - Establish rapport with client.

Task 2 – Recognize individual’s need for support options.

Task 3 – Develop and support recovery planning.

Task 4 – Utilize engagement and retention techniques.

Task 5 – Coordinate and maintain care with collaterals.

Task 6 – Recognize a potential crisis situation.

Task 7 – Develop and maintain recovery partnerships.

## **DOMAIN III: EDUCATION**

Task 1 – Educate the person and family/significant others about the effects of the medication and alternative options.

Task 2 – Assist the person and family/significant others in choosing complimentary recovery supports.

Task 3 – Provide information to the community about medication assisted treatment in an attempt to reduce stigma.

Task 4 – Provide information about the benefits of healthy behaviors and risk reduction

## **DOMAIN IV: PROFESSIONAL RESPONSIBILITY**

Task 1 – Adhere to the ADACBGA code of ethics and standards of practice for medication assisted treatment, including position statements of the American Association for the Treatment of Opioid Dependence (AATOD) and best practices as put forth by SAMHSA’s TIP 43.

Task 2 – Recognize and maintain professional and personal boundaries.

Task 3 – Understand the need to adhere to federal and state regulations and agency policies as related to medication assisted treatment.

Task 4 – Engage in on-going professional development.

Task 5 – Recognize the importance of self-care and personal wellness.

## **KNOWLEDGE BASE**

**Pharmacology/Psychopharmacology Interactions** - Define and recognize the actions of psychoactive drugs as they affect the human mind and body, as well as routes of administration, methods of ingestion, tolerance, withdrawal and interactions with other drugs. This knowledge is necessary to perform assessments and make appropriate treatment referrals.

**Signs and Symptoms of Alcohol and Other Drug Abuse and Dependence** – Recognize and know the signs and symptoms associated with the different classifications of psychoactive chemicals; understand the concepts of use, misuse, abuse, dependence, withdrawal, and overdose/toxicity; and know appropriate treatment approaches necessary to ensure the safety of patients for these conditions.

**Human Development** – Know the principles and processes of human physical, mental, emotional, spiritual and social development including basic abnormal psychology and effects of chemical usage on growth and development.

**Historical Perspectives of Alcohol and Other Drug Use, Abuse, Dependence and Treatment** – Know the historical development of alcohol and other drug addiction treatment

including the history of chemical usage in the United States, the origins of MAT and its relationship to the community at large.

**Modalities of Alcohol and Other Drug Abuse and Dependence Treatment Services/ Abstinence/ Harm Reduction** - Know the eligibility requirements and criteria for specific modalities of service, what services are offered in each modality with applicable regulations and limits, and know when it is appropriate to make referrals.

**MAT Rules and Regulations** – Possess practical knowledge of applicable federal, state, local and agency laws, rules and regulations, and the accreditation standards of The Joint Commission, CARF International, and the Council on Accreditation (COA) pertaining to the delivery of MAT.

**Maximizing Patient Retention** - Identify factors affecting patient retention, perform a relapse risk assessment and implement relapse prevention techniques.

**Therapy and Dynamics of Treatment and Recovery** - Possess a practical knowledge of treatment approaches, philosophies, methods, and objectives. Know techniques for evaluating progress and outcomes and how to modify approaches to address a patient's unique needs.

**Case Management** - Know how to coordinate a multiple service plan in order to assure that all patient needs are addressed.

**Professional Ethics** - Know the requirements of ADACBGA's Code of Ethics, and be able to apply this Code of Ethics to the Core Functions. It shall include code of conduct, disciplinary review process and appeals procedure.

**Special Populations' Issues Pertaining to Alcohol and Other Drug Abuse, Dependence and Treatment** – Be familiar with the differences in attitude and behavior patterns of significant cultures and special needs groups within Georgias' population in order to provide meaningful quality care. Know how the beliefs, values and lifestyles of various special populations relate to the individual patient's alcohol and other drug use, abuse, dependence, relapse risk and recovery. Understand issues pertaining to age, gender, ethnicity, religion, sexual orientation and culture, as well as to multiple diagnoses, such as mental disorders, HIV, physical handicaps, etc.

**Treatment Approaches with MAT Patients** – Understand and utilize applicable therapeutic approaches with MAT patients.

**Research Methods** - Access the latest research findings and information on new treatment approaches.



ALCOHOL AND DRUG ABUSE CERTIFICATION  
BOARD OF GEORGIA, INC.

**MISSION:**

Our goal is to provide competency-based certification that will assure quality care for those affected by substance abuse. Certification is a voluntary process whereby professionals with a special interest in providing treatment to substance abusers and their families may receive recognition for their competency. The purpose is to establish professional standards which enable counselors, allied health professionals, health service providers, third party payors, employers, and the general public to recognize qualified professionals in this field. Certification offers evidence that standards of knowledge, skill, experience, attitudes and demonstration of competency have been met.

The Alcohol and Drug Abuse Certification Board of Georgia, Inc., is an independent, non-governmental, non-profit body.

This Board was formed in 1992 to offer certification to Alcohol and Drug Abuse Counselors and to supervisors in alcohol and drug counseling and is based on the standards and methods offered by the International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse, a multi-state and nation body organized to promote uniform professional standards and quality for the substance abuse counseling profession and to give the profession greater visibility in the U.S. and abroad. As a result of membership in IC&RC/AODA, our certified counselors may relocate to other states, the military services and other countries, and transfer their certification with a minimum of effort and expense.

## **CODE OF PROFESSIONAL ETHICS:**

Modeled after the National Association of Alcoholism and Drug Abuse Counselors (NAADAC) Ethical Standards.

### **Principle 1: Non-Discrimination**

The substance abuse professional should not discriminate against clients or professionals based on race, religion, age, sex, handicaps, national ancestry, sexual orientation or economic condition.

### **Principle 2: Responsibility**

The substance abuse professional should espouse objectivity and integrity and maintain the highest standards in the services the counselor offers.

- a. The substance abuse professional, as teacher, should recognize the counselor's primary obligation to help others acquire the knowledge and skill in dealing with the disease of chemical dependency.
- b. The substance abuse professional, as practitioner, should accept the professional challenge and responsibility deriving from the counselor's work.

### **Principle 3: Competence**

The substance abuse professional should recognize that the profession is founded on national standards of competency which promote the best interests of society, of the client and of the profession as a whole. The counselor should recognize the need for ongoing education as a component of professional competency.

- a. The substance abuse professional should prevent the practice of substance abuse counseling by unqualified and unauthorized persons.
- b. The substance abuse professional who is aware of unethical conduct or of unprofessional modes of practice should report such violations to the appropriate certifying authority.
- c. The substance abuse professional should recognize boundaries and limitations of the counselor's competencies and not offer services or use techniques outside of these professional competencies.
- d. The substance abuse professional should recognize the effect of professional impairment on professional performance and should be willing to seek appropriate treatment for oneself or for a colleague. The counselor should support peer assistance programs in this respect.

### **Principle 4: Legal Standards and Moral Standards**

The substance abuse professional should uphold the legal and accepted moral codes which pertain to professional conduct.

- a. The substance abuse professional should not claim either directly or by implication, professional qualifications/affiliations that the counselor does not possess.
- b. The substance abuse professional should not use the affiliation with the ADACBGA. for purposes that are not consistent with the stated purposes of the board.
- c. The substance abuse professional should not associate with or permit the counselor's name to be used in connection with any services or products in a way that is incorrect or misleading.
- d. The substance abuse professional associated with the development or promotion of books or other products offered for commercial sale should be responsible for ensuring that such books or products are presented in a professional and factual way.

### **Principle 5: Public Statements**

The substance abuse professional should respect the limits of present knowledge in public statements concerning alcoholism and other forms of drug addiction.

- a. The substance abuse professional who represents the field of alcoholism counseling to clients, other professionals or to the general public should report fairly and accurately the appropriate information.
- b. The substance abuse professional should acknowledge and document materials and techniques used.

c. The substance abuse professional who conducts training in alcoholism or drug abuse counseling skills or techniques should indicate to the audience the requisite training/qualifications required to properly perform these skills and techniques.

### **Principle 6: Publication Credit**

The substance abuse professional should assign credit to all who have contributed to the published material and for the work upon which the publication is based.

- a. The substance abuse professional should recognize joint authorship, major contributions of a professional character, made by several persons to a common project. The author who has made the principle contribution to a publication should be identified as first listed.
- b. The substance abuse professional should acknowledge in footnotes or an introductory statement minor contributions of a professional character, extensive clerical or similar assistance and other minor contributions.
- c. The substance abuse professional should acknowledge, through specific citations, unpublished, as well as published material, that has directly influenced the research or writing.
- d. The substance abuse professional who compiles and edits for publication the contributions of others should list oneself as editor, along with the names of those others who have contributed.

### **Principle 7: Client Welfare**

The substance abuse professional should respect the integrity and protect the welfare of the person or group with whom the counselor is working.

- a. The substance abuse professional should define for self and others the nature and direction of loyalties and responsibilities and keep all parties concerned informed of these commitments.
- b. The substance abuse professional, in the presence of professional conflict should be concerned primarily with the welfare of the client.
- c. The substance abuse professional should terminate counseling or consulting relationship when it is reasonably clear to the counselor that the client is not benefiting from it.
- d. The substance abuse professional, in referral cases, should assume the responsibility for the client's welfare either by termination by mutual agreement and/or by the client becoming engaged with another professional. In situations when a client refuses treatment, referral or recommendations, the substance abuse professional should carefully consider the welfare of the client by weighing the benefits of continued treatment or termination and should act in the best interests of the client.
- e. The substance abuse professional who asks a client to reveal personal information from other professionals or allows information to be divulged should inform the client of the nature of such transactions. The information released or obtained with informed consent should be used for express purposes only.
- f. The substance abuse professional should not use a client in a demonstration role in a workshop setting where such participation would potentially harm the client.
- g. The substance abuse professional should ensure the presence of an appropriate setting for clinical work to protect the client from harm and the counselor and the profession from censure.
- h. The substance abuse professional should collaborate with other health care professionals in providing a supportive environment for the client who is receiving prescribed Medications.

### **Principle 8: Confidentiality**

The substance abuse professional should embrace, as a primary obligation, the duty of protecting the privacy of clients and should not disclose confidential information acquired, in teaching, practice or investigation.

- a. The substance abuse professional should inform the client and obtain agreement in areas likely to affect the client's participation including the recording of an interview, the use of interview material for training purposes and observation of an interview by another person.
- b. The substance abuse professional should make provisions for the maintenance of confidentiality and the ultimate disposition of confidential records.
- c. The substance abuse professional should reveal information received in confidence only when there is clear and imminent danger to the client or to other persons and then only to appropriate professional workers or public authorities.
- d. The substance abuse professional should discuss the information obtained in clinical or consulting relationships only in appropriate settings and only for professional purposes clearly concerned with the case. Written and oral reports should present only data germane to the purpose of the evaluation and every effort should be made to avoid undue invasion of privacy.

e. The substance abuse professional should use clinical and other material in classroom teaching and writing only when the identity of the persons involved is adequately disguised.

### **Principle 9: Client Relationships**

The substance abuse professional should inform the prospective client of the important aspects of the potential relationship.

- a. The substance abuse professional should inform the client and obtain the client's agreement in areas likely to affect the client's participation including the recording of an interview, the use of interview material for training purposes and/or observation of an interview by another person.
- b. The substance abuse professional should inform the designated guardian or responsible person of the circumstances which may influence the relationship, when the client is a minor or incompetent.
- c. The substance abuse professional should not enter into a professional relationship with members of one's own family, intimate friends or close associates or others whose welfare might be jeopardized by such a dual relationship.
- d. The substance abuse professional should not engage in any type of sexual activity with a client.

### **Principle 10: Inter-professional Relationships**

The substance abuse professional should treat colleagues with respect, courtesy and fairness and should afford the same professional courtesy to other professionals.

- a. The substance abuse professional should not offer professional services to a client in counseling with another professional except with the knowledge of the other professional or after the termination of the client's relationship with the other professional.
- b. The substance abuse professional should cooperate with duly constituted professional ethics committees and promptly supply necessary information unless constrained by the demands of confidentiality.

### **Principle 11: Remuneration**

The substance abuse professional should establish financial arrangements in professional practice and in accord with the professional standards that safeguard the best interests of the client, of the counselor and of the profession.

- a. The substance abuse professional should consider carefully the ability of the client to meet the financial cost in establishing rates for professional services.
- b. The substance abuse professional should not send or receive any commission or rebate or any other form of remuneration for referral of clients for professional services. The counselor should not engage in fee splitting.
- c. The substance abuse professional in clinical or counseling practice should not use one's relationship with clients to promote personal gain or the profit of an agency or commercial enterprise of any kind.
- d. The substance abuse professional should not accept a private fee or any other gift or gratuity for professional work with a person who is entitled to such services through an institution or agency. The policy of a particular agency may make explicit provisions for private work with its clients by members of its staff and in such instances the client must be fully apprised of all policies affecting the client.

### **Principle 12: Societal Obligations**

The substance abuse professional should advocate changes in public policy and legislation to afford opportunity and choice for all persons whose lives are impaired by the disease of alcoholism or other forms of drug addiction. The counselor should inform the public through active civic and professional participation in community affairs of the effects of alcoholism and drug addiction and should act to guarantee that all persons, especially the needy and disadvantaged, have access to the necessary resources and services. The substance abuse professional should adopt a personal and professional stance which promotes the well-being of all human beings.