



Office of Addiction Services and Supports

OASAS. Every Step of the Way.

ADDICTION PROFESSIONALS SCHOLARSHIP PROGRAM APPLICATION

Applicant Information:

Table with fields for Full Name (First, Middle Name/Initial, Last), Residential Address (Street Address, Apt/Suite #, City, State*, Zip Code), Primary Phone Number, Secondary Phone Number, and Email Address.

*Applicants must reside in New York State.

Demographic Categories: Please note that all demographic questions are optional. Your response(s) or lack of responses will not affect your admission into the Addiction Professionals Scholarship Program in any way.

Please select or indicate the appropriate fields below.

1. Legal Sex:

- Male
Female

2. Gender:

- Male
Female
Non-Binary
Other: _____

3. Are you Hispanic/Latino?

Yes

No

If Hispanic/Latino, is your background:

Central American

Cuban

Dominican

Mexican

Puerto Rican

South American

Other: _____

4. Please indicate your race:

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

5. Do you have the proficiency/fluency to conduct services in other languages?

Yes

No

If so, what are the languages?

Spanish

Mandarin Chinese

Haitian Creole

French

Russian

Greek

Yiddish

Bengali

Korean

Polish

Italian

Hebrew

Arabic

Urdu

Other: _____

Please check one of the following:

<p>I am an employee of one of the following program types**:</p> <ul style="list-style-type: none"> ▪ OASAS-certified/authorized program ▪ OMH or DOH-certified Integrated Outpatient Services (IOS-SUD) Program ▪ DOH Drug User Health/Harm Reduction Program
<p>I am an employee of a program that provides addiction care (prevention, treatment, recovery, or harm reduction services in another setting (not reflected in the previous selection)**.</p>
<p>I am an individual/student who is interested in working in one of the OASAS/OMH/DOH settings reflected above***.</p>

Credential Type (please check only one option):

CASAC-350
Combined CASAC-350/ CPP-250
Combined CASAC-350/ CPS-120
Combined CASAC-350/ Gambling-60
Gambling-60 Only (for individuals who already hold a CASAC credential)
CPP-250
Combined CPP-250/ Gambling-30
CPS-120
Combined CPS-120/ Gambling-30
Gambling-30 Only (for individuals who already hold a CPP/CPS credential)
CRPA-50

- CASAC: Credentialed Alcohol and Substance Abuse Counselor**
- CPP: Credentialed Prevention Provider (Requires applicants to already hold a bachelor’s degree)**
- CPS: Credentialed Prevention Specialist**
- CRPA: Certified Recovery Peer Advocate**

Please provide a brief statement about why you are applying for a scholarship opportunity for your selected program type, which should include, at a minimum:

- any previous volunteer or work experience along the addictions continuum of care;
- your interest in working in the OASAS Provider System; and
- the qualities you possess that you believe would make you an effective CASAC/ CPP/ CPS/ CRPA.

Required Scholarship Application Documents Checklist:

- **Addiction Professionals Scholarship Program Application Form**
- **Employment Verification Form (for applicants who selected one of the ** employment options above)**
- **Three (3) Reference Forms/Letters of Recommendation on affiliate letterhead clearly indicating the signatory's credentials/title/qualifications to write on the applicant's behalf (Employment Verification Form may be submitted in lieu of one (1) Reference Form/Letter of Recommendation and is REQUIRED for any applicants who are working in an OASAS/OMH/DOH-certified setting and/or within a setting along the addictions continuum of care at the time of application**)**
- **One (1) professional or academic reference and two (2) personal references (for individuals not currently employed in the addictions field and are unable to obtain three (3) professional references***). A professional reference or academic reference may include a professor, a supervisor, a teacher, or a GED instructor. Personal references are people you know from settings outside of work, including community organizations and social groups. They may include:**
 - **mentors;**
 - **people you know from networking or professional membership groups;**
 - **leaders of social groups and community organizations;**
 - **coaches or instructors from extracurricular activities;**
 - **faith leaders; and**

- someone who has worked with you on a project or assignment.

Note that personal references do not include family members, your spouse, or personal friends. Your personal references should be able to speak objectively about your character and/or about your job-related skills.

- **Personal Statement (for individuals not currently employed in the addictions field***).**

____ Please initial this section **ONLY** if you agree to having your name and program selection shared with the NYS Office of Addiction Services and Supports (OASAS) for inclusion in their data collection regarding the Addiction Professionals Scholarship Program. This is completely voluntary and will NOT, in any way, affect your potential eligibility for a scholarship opportunity. Information will only be shared if you are selected to receive, and agree to accept, an OASAS-funded scholarship award.

Statement of Accuracy/Affirmation

I affirm that all the information I have provided in this application is my work and that it is accurate to the best of my knowledge and belief.

I affirm that I am not currently receiving another scholarship from the New York State Office of Addiction Services and Supports.

Applicant's Name [Printed]

Applicant's Signature

Date (MM/DD/YYYY)



Office of Addiction Services and Supports

OASAS. Every Step of the Way.

ADDICTION PROFESSIONALS SCHOLARSHIP PROGRAM

CRPA PROGRAM ATTESTATION FORM

I, _____, hereby certify that, in order to successfully complete the Certified Peer Recovery Advocate (CRPA) program requirements and to subsequently receive a certificate of completion, I must:

1. Adhere to the ASAP-NYCB Code of Ethical Conduct and any other code of ethics that are imposed on me by the academic institution or community-based organization who is administering the program.
2. Complete the requisite minimum internship hours (25) for my CRPA program type under the appropriate level of supervision in the appropriate OASAS-CERTIFIED, OMH-CERTIFIED, or DOH-authorized settings within one (1) year of completing the CRPA program.
3. Complete the CRPA 50-hour course in its entirety prior to beginning my qualifying field placement/internship hours unless I am actively performing responsibilities within the CRPA Scope of Practice at the time of admission to the CRPA 50-hour program.
4. Complete the CRPA 50-hour course in its entirety.
5. Track my field placement/internship hours and have them signed off by my supervisor and educational program point of contact on a routine, agreed upon schedule on forms provided by the CRPA program educational provider.
6. Submit completed copies of my signed student agreement, field placement/internship hours, and any evaluations or supervisor feedback regarding my performance to my CRPA program educational provider to be included in my student file.

Student's Name [Printed]

Student's Signature

Date (MM/DD/YYYY)



Office of Addiction Services and Supports

OASAS. Every Step of the Way.

ADDICTION PROFESSIONALS SCHOLARSHIP PROGRAM

CRPA FIELD PLACEMENT/INTERNSHIP LEARNING AGREEMENT

Directions: Please compose a draft of this field placement/internship learning agreement in collaboration with your Education & Training Provider (ETP) and Internship Site. Once all 3 parties have finalized the agreement, obtain all necessary signatures, make three (3) copies, and submit one copy of this agreement to the Internship Site Supervisor and another to the ETP's Faculty Supervisor or other authorized official. Please be sure to also maintain a copy for your files. If you choose to complete your internship hours at multiple internship sites, ensure that you have a separate agreement for each site and distribute/maintain copies for each site as previously indicated.

The purpose of the Certified Recovery Peer Advocate (CRPA) internship is to enable student interns to gain professional training experience prior to becoming a CRPA to better acquaint them with a CRPA's duties and responsibilities. Additionally, student interns will be able to apply the knowledge from the CRPA program to the field and to complete internship hours towards the CRPA credential.

Field Placement/Supervised Internship Requirements: CRPA student interns must complete a minimum of 25 hours in an approved field placement/supervised internship. Once your internship term has been satisfactorily completed, we encourage the internship placement site to consider the intern for employment, and/or to serve as a professional reference for the intern. By the end of the internship, the student intern must be able to demonstrate all four (4) competence domains of a peer including: 1) advocacy; 2) mentoring and education; 3) recovery/wellness support; and 4) ethical responsibility.

Section 1: Internship Site Supervisor

Internship Site Supervisor Responsibilities

As an Internship Site Supervisor, I agree to:

1. Clearly discuss the student intern's responsibilities, expectations, and internship requirements with the student intern;
2. Provide the student intern with a comprehensive orientation on our organization's policies and procedures;

3. Provide the student intern with opportunities to practice all components of the 4 competence domains;
4. Work with the student intern to achieve internship goals, duties, and learning objectives;
5. Conduct an appropriate criminal background check of the student intern as required by NYS OASAS;
6. Provide ongoing supervision and offer constructive feedback on the quantity and quality of the student intern's work to assist in their professional development;
7. Sign off on the student intern's hours on a routine, agreed upon schedule (i.e., weekly, bi-weekly, monthly, quarterly, by semester, etc.) and at the end of the internship;
8. Remain in close communication with the ETP's Faculty Supervisor, if one is assigned, regarding the student intern's status, performance, and progress so that all parties involved (internship site, student intern, and ETP) are satisfied with the placement;
9. Inform the ETP Faculty Supervisor if there are any concerns I may have about the student intern's performance and/or behavior; and
10. Complete an evaluation of the student's overall performance at the end of the internship.

Please use the space below to add Internship Site Supervisor responsibilities that are not listed above, including how supervision will be managed.

Internship Site Supervisor Name _____ Phone (____) _____
 Title and Department _____ Email _____
 Internship Site Name _____ Fax (____) _____
 Internship Site Address _____
Internship Site Supervisor Signature _____ **Date** _____

Section 2: Education & Training Provider (ETP) Faculty Supervisor (Please complete only if applicable to internship.)

ETP Faculty Supervisor Responsibilities

As an ETP Faculty Supervisor, I agree to:

1. Communicate with the student intern to provide guidance and support (amount and level of communication will be mutually agreed upon) in accomplishing the student intern's learning objectives;
2. Remain in close communication with the Internship Site Supervisor to discuss the student intern's status, performance, and progress, which will assist me in providing appropriate counseling regarding their performance at the internship;
3. Assess the student intern's learning based on: the internship duties listed in this agreement; the student intern's daily journal or log; my meetings with the Internship Site Supervisor; the Internship Site supervisor's evaluation; completed activities required by the program, including specified hours at the site; the final student intern evaluation; and any other rubric not mentioned here; and
4. Assess and address any concerns that the internship site/Internship Site Supervisor may have with the student intern's performance and/or behavior, and in conjunction with the internship host, determine whether to provide closer supervision of the student intern or refer them to a more suitable internship site.

Please use the space below for additional ETP Faculty Supervisor responsibilities that are not listed above.

Faculty Supervisor Name _____ Phone (____) _____
Title and Department _____ Email _____
Education & Training Provider Name _____ Fax (____) _____
Education & Training Provider Address _____
Faculty Supervisor Signature _____ Date _____

Section 3: Student Intern

Internship Description, Duties, and Responsibilities:

[Please list responsibilities here, including total weekly hours, overall goal(s), and specific objectives.]

As a Student Intern, I agree to:

1. Obtain proper approval to participate in the internship from my ETP Faculty Supervisor or other authorized official at the ETP offering the CRPA-50 program below in which I am participating;
2. Behave in a professional manner at all times, including maintaining appropriate boundaries with staff and clients, adhering to the ASAP-NYCB Code of Ethical Conduct, the policies and procedures, rules and regulations of the internship site, and the direction of the Internship Site Supervisor and staff at the internship site;
3. Be punctual and reliable, reporting to the internship site on the days and times expected and/or notifying the Internship Site Supervisor when I am unable to attend;
4. Participate in supervision meetings with the ETP Faculty Supervisor and/or the Internship Site Supervisor as determined by each supervisor;
5. Complete the internship learning agreement and submit one copy to the Internship Site Supervisor and another copy to the ETP Faculty Supervisor or other authorized official at the ETP by _____;
6. Perform the responsibilities, the duties, and the tasks of my position to the best of my ability;
7. Complete the academic and internship requirements outlined in this internship agreement under the guidance of my ETP Faculty Supervisor;
8. Complete the requisite number of hours of the internship (25) within one (1) year of completing the CRPA 50-hour program;
9. Notify my ETP Faculty Internship Supervisor of any changes I need to make in this agreement or of any issues that may develop at the internship site; and
10. Submit completed copies of my signed internship learning agreement, field placement/internship hours, and any evaluations or supervisor feedback to my CRPA program ETP to be included in my student file.

Please use the space below for additional Student Intern responsibilities that are not listed above.

Student Intern's Printed Name _____

Student Intern's Signature _____ **Date** _____



Office of Addiction Services and Supports

OASAS. Every Step of the Way.

Addiction Professionals Scholarship Program

EMPLOYMENT VERIFICATION/APPLICANT ENDORSEMENT FORM

Please select the credential program to which you are applying:

CASAC CASAC-G CPP CPP-G CPS CPS-G CRPA

Section 1: EMPLOYEE/APPLICANT INFORMATION:

Form with fields for Employee Information: 1. Legal Name of Employee, 2. Hire Date, 3. Employee's Position, 4. Hire Date, 5. Employee's Home Street Address/P.O. Box, 6. Employee's Home City/Town/Village, 7. Postal Zip Code, 8. Employee's Supervisor, 9. Title of Supervisor, 10. Employee's Business Telephone #, 11. Employee's Business Email.

Section 2: EMPLOYER INFORMATION:

Form with fields for Employer Information: 1. Legal Name of Employer, 2. Economic Development Zone, 3. Employer's OASAS/OMH/DOH Provider Number (if applicable), 4. Street Address/P.O. Box, 5. City/Town/Village, 6. Postal Zip Code.

7. Name of Employer's Contact Person:	8. Title of Contact:
9. Contact Telephone #:	10. Contact Email:

Section 3: NARRATIVE AND ATTESTATION (Must be completed and signed by Employer):

NARRATIVE (Required): (please attach additional pages, if needed)

Describe why you would recommend this employee for a CASAC/CASAC-G/ CPP/ CPP-G/ CPS/ CPS-G/ CRPA (please circle one) educational program scholarship:

If you are willing to oversee the required field placement/internship clock hour component, please provide a job description that is consistent with the role requirements of the selected program type:

Please provide a supervision description for the field placement/internship (e.g., how/by whom will the position be supervised):

I _____, hereby attest that there are currently no disciplinary actions for
_____, the employee that we are submitting this recommendation on behalf of.

Signature and Title

Date