



ADDICTION PROFESSIONALS' SCHOLARSHIP PROGRAM APPLICATION

Applicant Information:

Full Name			
	First	Middle Name/Initial	Last
Residential Address			
	Street Address		Apt/Suite #
	City	State*	Zip Code
Phone Number:			Cell/Home/Business (circle one)

\*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. Is English your native language?**

- Yes
- No

**Please check one of the following:**

<input type="checkbox"/>	I am an employee of one of the following program types**: <ul style="list-style-type: none"><li>▪ OASAS-certified/authorized program</li><li>▪ OMH or DOH-certified Integrated Outpatient Services (IOS-SUD) Program</li><li>▪ DOH Drug User Health/Harm Reduction Program</li></ul>
<input type="checkbox"/>	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)**.
<input type="checkbox"/>	I am an individual/student who is interested in working in one of the OASAS/OMH/DOH settings reflected above***.

**Credential Type (please check only one option):**

<input type="checkbox"/>	CASAC-350
<input type="checkbox"/>	CRPA-50

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**CASAC: Credentialed Alcohol and Substance Abuse Counselor**  
**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/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 (The 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\*\*). *Individuals NOT currently working may submit one (1) professional or academic reference and two (2) personal 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.***
- **Personal Statement.**

\_\_\_\_ 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

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Addiction Professionals Scholarship Program

EMPLOYMENT VERIFICATION/APPLICANT ENDORSEMENT FORM

Please select the credential program to which you are applying:
CASAC CRPA

Section 1: EMPLOYEE/APPLICANT INFORMATION:

Form with fields for: 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: 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)

<p><b>Describe why you would recommend this employee for a CASAC/CRPA (please circle one) educational program scholarship:</b></p>
<p><b>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:</b></p>
<p><b>Please provide a supervision description for the field placement/internship (e.g., how/by whom will the position be supervised):</b></p>

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



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## ADDICTION PROFESSIONALS SCHOLARSHIP PROGRAM

### CASAC-350 PROGRAM ATTESTATION FORM

I, \_\_\_\_\_, hereby certify that, in order to successfully complete the CASAC-350 program requirements and to subsequently receive a certificate of completion, I must:

1. Adhere to the CASAC Canon of Ethical Principles 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 for my CASAC 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 CASAC program.
  - a. Check the applicable program type below:  
120 hours for community-based/continuing education
3. Complete Section 1 and a minimum of 50% of Section 2 (160 total clock hours) prior to beginning my qualifying field placement/internship hours unless I am actively performing responsibilities within the CASAC-T/Intern Scope of Practice at the time of admission to the CASAC-350 program (applicable only to community-based organizations and continuing education programs).
4. Complete the CASAC 350-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 CASAC 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 CASAC program educational provider to be included in my student file.

\_\_\_\_\_  
Student's Name [Printed]

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)





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### **CASAC FIELD PLACEMENT/INTERNSHIP LEARNING AGREEMENT**

**Directions:** Please have your field placement/internship supervisor sign this learning agreement and submit one copy of this agreement to the Exponents for record keeping. Please be sure to also maintain a signed 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 Credentialed Alcoholism and Substance Abuse Counselor (CASAC) internship is to enable student interns to gain professional training experience prior to becoming a CASAC to better acquaint them with a CASAC duties and responsibilities. Additionally, student interns will be able to apply the knowledge from the CASAC course to the field and to complete internship hours towards the CASAC credential.

**Field Placement/Supervised Internship Requirements:** a minimum of 120 hours for student interns whose ETP is a community-based/continuing education program, such as Exponents.

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 12 core functions of an alcohol and/or drug counselor, including: 1) screening; 2) intake; 3) orientation; 4) assessment; 5) treatment planning; 6) counseling; 7) case management; 8) crisis intervention; 9) client education; 10) referral; 11) reports and record keeping; and 12) consultation.

### **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 12 core functions;
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**

### **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 one of the programs below in which I am participating:
  - a. Check the appropriate program (please check both if you are completing a combined educational program via this scholarship opportunity):

## CASAC program

2. Behave in a professional manner at all times, including maintaining appropriate boundaries with staff and clients, adhering to the NYS OASAS CASAC Canon of Ethical Principles, 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 Exponents.
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 within one (1) year of completing the CASAC course;
  - a. Check the appropriate program:

120 hours for CASAC 350-hour program for community-based/continuing education

9. **CASAC-350 only:** Begin my qualifying internship hours only after completing Section 1 and a minimum of 50% of Section 2 (160 total clock hours) of the CASAC-350 program unless I am actively performing responsibilities within the CASAC-T/Intern Scope of Practice at the time of admission to the CASAC-350 program (applicable only to community-based organizations and continuing education programs);
10. **CASAC-350 Section 1 only (for individuals with accredited and qualifying Master's or higher degrees which lead toward eligibility for LMSW/LCSW, LMHC, LMFT, LCAT, or Licensed Psychologist NYSED licensure):** Begin my qualifying internship hours only after completing Section 1 and completing 15 hours of SUD specific ethics (100 total clock hours) of the CASAC program unless I am actively performing responsibilities within the CASAC-T/Intern Scope of Practice at the time of admission to the CASAC program (applicable only to community-based organizations and continuing education programs). Please note that the 15 hours of SUD-specific ethics may be completed through the CASAC-350 educational program or via the NYS OASAS Learning Thursday Year of Ethics Learning Series;

11. 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
12. Submit completed copies of my signed internship learning agreement, field placement/ internship hours, and any evaluations or supervisor feedback to my CASAC 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** \_\_\_\_\_