



## Office of Addiction Services and Supports

OASAS. Every Step of the Way.

### COMMUNITY-BASED EDUCATION & TRAINING PROVIDERS ADDICTION PROFESSIONALS SCHOLARSHIP PROGRAM APPLICATION

#### Applicant Information:

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

\*Applicants must reside in New York State.

**Demographic Categories:** Please note that all demographic questions (1-6) 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. What is your primary language?**

English

Arabic

Bengali

French

Greek

Haitian Creole

Hebrew

Italian

Korean

Mandarin Chinese

Polish

Russian

Spanish

Urdu

Yiddish

Other: \_\_\_\_\_

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

Yes

No

**If so, what are the languages?**

English  
Arabic  
Bengali  
French  
Greek  
Haitian Creole  
Hebrew  
Italian  
Korean  
Mandarin Chinese  
Polish  
Russian  
Spanish  
Urdu  
Yiddish  
Other: \_\_\_\_\_

**7. Please select your highest level of education.**

Doctoral degree  
Master's degree  
Bachelor's degree  
Associate degree  
High school diploma/high school equivalency diploma  
None of the above

**8. Has any disciplinary action ever been taken against you as the holder of any license or certification issued by New York State or any other State or Federal agency?**

Yes  
No

**If you answered "yes", please explain below.**

**9. Are you listed on the Staff Exclusion List\* as an individual who is legally prohibited from providing care and services to a vulnerable person? \*defined in Article 11 of the New York State Social Services Law**

Yes  
No

If you answered “yes”, please explain below.

**10. Please check one of the following:**

I am an employee of one of the following program types\*\*:

- Office of Addiction Services and Supports (OASAS) certified/authorized program
- Office of Mental Health (OMH) or Department of Health (DOH) certified Integrated Outpatient Services (IOS-SUD) Program
- DOH Drug User Health/Harm Reduction Program
- Non-certified setting which involves either: 1) the legal provision of addiction services or 2) the opportunity to establish proficiency in one or more of the professional competencies associated with a credential administered by OASAS (that provides addiction care prevention, treatment, recovery or harm reduction services in another setting)\*\*.
- I am not currently working in one of the above settings.

**11. I am interested in working in one of the OASAS/OMH/DOH settings reflected below (please check all that apply):**

- Interested in the Office of Addiction Services and Supports (OASAS)
- Interested in the Office of Mental Health (OMH)
- Interested in the Department of Health (DOH)

**12. Credential Program Type (please check only one option):**

CASAC-350
CRPA-50

**CASAC:** Credentialed Alcoholism and Substance Abuse Counselor

**CRPA:** Certified Recovery Peer Advocate

**13. Have you taken the CASAC program at another Education and Training Provider (ETP) prior to applying to our institution?**

- Yes
- No

14. If you answered “yes” to the previous question, please provide the following: 1) the name of the ETP; 2) a brief description of the course and content that you successfully completed including the sections, modules, and hours completed; and 3) the sectional certificate that you received from the ETP from which you are transferring.

15. Did you receive a scholarship from OASAS to attend the CASAC program from the ETP from which you are transferring?

Yes

No

16. If you answered “yes” to the previous question, please list the name of the scholarship and the year that you received it.

Name of OASAS scholarship: \_\_\_\_\_

Year scholarship was received: \_\_\_\_\_

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 (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.**

- **Review summary from OASAS (for individuals who received a transcript review from OASAS to obtain transfer credits).**
- **Sectional Certificate (for individuals who took classes at a previous ETP and want to receive transfer credits).**
- **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.

**Note:** If you are accepted into and withdraw from the scholarship program, you may not receive another scholarship from OASAS in the future.

#### **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.

---

## COMMUNITY-BASED EDUCATION & TRAINING PROVIDERS 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 CRPA 50-hour course in its entirety.
3. submit completed copies of my signed student agreement to be included in my student file.

Although optional, internships are strongly encouraged.

If I decide to complete an optional internship, I agree to:

1. complete a minimum of 25 internship hours for my CRPA program type under the appropriate level of supervision in the appropriate OASAS-CERTIFIED, OMH-CERTIFIED, or DOH- authorized settings.
2. 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.
3. complete the internship at either
  - My current employer, if my employer is an appropriate setting
  - An OASAS-approved setting during the APSP program
  - An employer after completing my educational clock hours provided that the employer is an appropriate setting
4. submit completed copies of my signed 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.

### Community-Based Education & Training Providers 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:**

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:**

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>

<p>I _____, hereby attest that there are currently no disciplinary actions for _____, the employee that we are submitting this recommendation on behalf of.</p>	
<hr/>	
<p>Signature and Title</p>	<p>Date</p>

**COMMUNITY-BASED EDUCATION & TRAINING PROVIDERS  
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:** a minimum of 25 hours for students at a community-based/continuing education ETP who choose to complete an 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 minimum number of hours of the internship (25);
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** \_\_\_\_\_