



Office of Addiction Services and Supports

OASAS. Every Step of the Way.

COMMUNITY-BASED EDUCATION & TRAINING PROVIDERS 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. 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 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.**

8. 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)**

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

CASAC-350
CRPA-50

CASAC: Credentialed Alcoholism and Substance Abuse Counselor
CRPA: Certified Recovery Peer Advocate

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

Yes

No

11. 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.

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

Yes

No

13. 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.

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)