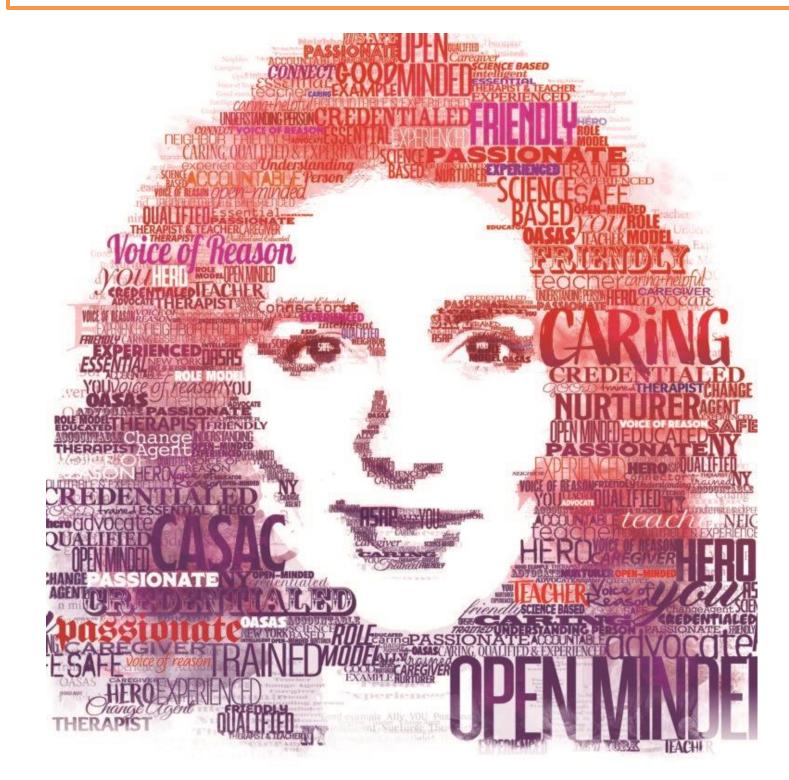


TransformNation



CASAC, IT MEANS SO MUCH MORE TO SO MANY.

The need is great, the rewards even greater. We'll help you get credentialed, so you can help others start their recovery. To explore CASAC training, contact the Helio Health Training Institute at training@helio.health or visit helio.health

CASAC Initial Certification 350 Course

Hello! I would like to introduce you to the Helio Health Training Institute!

The Helio Health Training Institute is an approved OASAS Training provider for the delivery of the full CASAC 350 hour training for CASAC Certification.

Taking all four sections (one section at a time) this course will take approximately 18 months to complete. Typically, classes run in the evening.

Please note, in each module, there are additional assignments and tests to complete outside of class time and students are expected to meet grading and attendance standards in order to pass the course. Additional sections may be added to this schedule as needed.

Upcoming class dates for the online and in-person classes are shown on the next page. To register for upcoming classes please complete the application and payment forms at the end of the document and submit them via email to Training@helio.health.

Please note that completion of 350 certification classes will *not* count toward the work hours requirement that is set by OASAS and varies depending on your qualifications. Further information on this can be found on the OASAS website: <u>https://oasas.ny.gov/credentialing/alcoholism-and-substance-abuse-counselor-casac</u>

If you have already submitted an application to OASAS and only require certain parts of a module or modules, we can work with you to tailor the program to meet your needs. Our hourly rates are \$10 for employees and \$15 for the general public. If you only need certain hours, please contact us to discuss schedules and needed hours/sections.

Finally, we recognize that taking these courses is a significant financial investment. We are able to help by offering payment plans should the need arise. In order to access a payment plan please contact the training institute prior to completing this application. Our payment plans are tailored to each student and carry no interest. Payment plans split the cost of each section into monthly payments. Payment plans only run for the duration of each section so if your section runs from September to the following January you will be expected to pay a 10% deposit to secure your place on the course, then make five monthly payment to pay off the balance.

If a payment plan is still beyond your means, you might consider contacting either ACCES-VR or CNY Works to enquire about funding through those organizations. Both organizations have funded students in the past. *Please note if using a third party payer (e.g. ACCES-VR) you need to attach a payment verification letter to this application for it to be processed.*

Unfortunately, as a private training institute we are unable to accept other student loans to cover the cost of CASAC training at this time.

I hope this answers some of your questions. Feel free to contact me via email for additional info.

omon use

Nathan Rauscher, LMSW, Master CASAC Helio Health Training Institute Director <u>Training@helio.health</u>

Live Online Sections					
Section	Employee Price	Public Price	Dates	Day(s)	
CASAC section 3: Assessment; Treatment Planning; Case Management; and Patient, Family and Community Education (70 Hours) Limit 15 students	\$700	\$1050	3/29/21 - 6/23/21	Mon & Weds 5-8	
CASAC Section 4: Professional and Ethical Responsibilities (45 Hours) Limit 15 students	\$450	\$675	7/7/21- 8/25/21	Mon & Weds 5-8	
CASAC Section 1: Knowledge of Alcoholism and Substance Abuse (85 hours) Limit 15 students	\$850	\$1275	9/8/21- 12/15/21	Mon & Weds 5-8	
CASAC Section 2: Alcohol and Substance Abuse Counseling (150 hours) Limit 15 students	\$1500	\$2,250	1/10/22- 7/20/22	Mon & Weds 5-8	

NB: Dates are subject to change based on program needs

Please note, for online courses, there are specific technology/attendance requirements. Each participant must have the following:

- Reliable internet access and a computer All classes will be held online and will start at the designated times. All attendees are required to be on time to the virtual classes and remain in class until completion.
- Microphone This course is a live, interactive course. While the instructor may mute participants at certain times, participation is essential and you will be required to be involved in classroom discussions and presentations.
- Web camera As stated above, this is a live, interactive course. In order to meet the attendance requirements, all participants will be required to have their cameras on and to be visible to the class/instructor. Failure to do so will result in an "absence" from that class.

Live In-Person Sections

(NOTE: The Live In-Person course reserves the right to change to an online format at any time. Applicants will be informed of current delivery methods if changed.)

LOCATION – Syracuse, New York					
Section	Employee	Public	Dates	Day(s)	
CASAC section 3: Assessment; Treatment Planning; Case Management; and Patient, Family and Community Education (70 Hours)	Price \$700	Price \$1050	2/2/21- 4/29/21	Tues & Thurs 4-7pm	
CASAC Section 4: Professional and Ethical Responsibilities (45 Hours)	\$450	\$675	5/11/21- 7/1/21	Tues & Thurs 4-7pm	
CASAC Section 1: Knowledge of Alcoholism and Substance Abuse (85 hours)	\$850	\$1275	7/13/21- 10/21/21	Tues & Thurs 4-7pm	
CASAC Section 2: Alcohol and Substance Abuse Counseling (150 hours)	\$1500	\$2,250	11/2/21- 5/26/22	Tues & Thurs 4-7pm	

LOCATION – Binghamton, New York					
Section	Employee Price	Public Price	Dates	Day(s)	
CASAC Section 1: Knowledge of Alcoholism and Substance Abuse (85 hours)	\$850	\$1275	6/15/21- 9/28/21	Tues & Thurs 9am-12pm	
CASAC Section 2: Alcohol and Substance Abuse Counseling (150 hours)	\$1500	\$2,250	10/12/21- 4/21/22	Tues & Thurs 9am-12pm	
CASAC section 3: Assessment; Treatment Planning; Case Management; and Patient, Family and Community Education (70 Hours)	\$700	\$1050	5/10/22- 8/4-22	Tues & Thurs 9am-12pm	
CASAC Section 4: Professional and Ethical Responsibilities (45 Hours)	\$450	\$675	8/23/22- 10/13/22	Tues & Thurs 9am-12pm	

NB: Dates are subject to change based on program needs

*Sections may move online at any time due to possible COVID-19 restrictions. Please review previous page for online delivery requirements.



Helio Health Training Institute

CASAC Application Form



Individuals who complete this application and meet eligibility requirements may be asked to attend an interview with the Training Institute Director or designee before a final decision is made on their acceptance into this program. Please complete all parts of this application and attach all required documentation.

Incomplete applications will not be processed.

	cation are you registering for (check only one box)?
Live Online	In Person - Syracuse In Person - Binghamton
	Part 1: Contact information
Last Name:	First Name:
Address:	
City :	State: Zip:
Email:	
Contact Phone Number:	
	Part 2: Education
, , , ,	chool Diploma or High School Equivalency? Yes: No: CCertification are required to have either their High School Diploma or
Highest level of education	completed (please check):
High School or Equivalen	t
Associates Degree	Major: Minor:
Bachelor's Degree	Major: Minor:
Master's Degree	Major: Minor:
PhD	Major:
Do you currently hold any	y professional certification or license? Yes: No:
If yes, which:	# # # # #
Have you submitted a CA	SAC application to OASAS? Yes: No:

Part 3: Work Experience

In the boxes below please list any work experience within the Substance Use Disorders field. This experience may include volunteer work and internships. (Use additional sheets if needed)

Work location	Position	Dates

Part 4: Current Employment

Are you currently Employed?	Yes:	No: (if no please go to Part 5)
f "Yes". How many hours a week do you	ı work?	
Name of Current Employer:		

Part 5: Personal Statement

Please answer the question below in the box provided using no more than 150 words: Why

do you want to work with individuals with substance use and mental health disorders?

Part 6: Registration Information

Please complete the table below indicating which sections you are registering for. If you only require part of a section please indicate the specific number of hours and the content that is required for completion.

Training Name	Full Section (please check)	# of hours	Content required	Cost ¹
CASAC Section 1 (85 hours)				
CASAC Section 2 (150 hours)				
CASAC Section 3 (70 hours)				
CASAC Section 4 (45 hours)				
	·		Total	

I agree to pay the above stated price for the trainings requested in this application by one of the payment methods listed within the payment options section of this form.

Further, I understand that payment is due at least one week prior to the start of each training. Failure to make payment by this deadline may result in my not being allowed to participate in the indicated training. Failure to pay for training may result in the withholding of training certificates.

Signed:

Date:

Helio Health Training Institute

Part 7: Payment Options

Please note: Payment does not have to be made at the time of application; however, payment, or confirmation of pending payment if working with a third party payer, will be expected before your place can be confirmed. Additionally, Training Institute staff cannot take payment over the phone.

Helio Health accepts the following payment options for CASAC classes:

3rd Party Payer

Along with a copy of your payment confirmation letter, please provide the name and contact information for the payer so we can confirm arrangements with them.

Self-Pay		
I wish to pay for:	An individual Section The entire course:	
I would like to go o	on a payment plan and will be paying a 10% deposit to secure my place on the cours	e.
	uld be made payable to "Helio Health". Please note on the check the course that you nailed or brought into the Helio Health administrative offices to:	ı are signing up

555 East Genesee St. Syracuse, NY 13202

Credit Card

Credit card payments can be made by completing the information below and returning this form to the Training Institute.

Billing address (if different from the address on Page 1).

Street Address:				
City:		State:	Zip:	
Card Type:	MasterCard:		VISA:	
Name on Card:				
Card Number:				Security Code:
Expiration Date:			Charge	Amount: \$

Your completed registration form and payment information can be emailed to <u>Training@helio.health</u>, or faxed to (315) 474 1554

Helio Health Training Institute



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For more information, please contact Training Institute at <u>training@helio.health</u>

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