



Office of Addiction Services and Supports

OASAS. Every Step of the Way.

ADDICTION PROFESSIONALS SCHOLARSHIP PROGRAM APPLICATION

Applicant Information:

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

6. 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)**.

7. 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)

8. Credential Program 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 Alcoholism 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

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

- Yes
- No

10. 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.

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

Yes

No

12. 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/ 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)