



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:

Form with 11 numbered fields for employee information including name, hire date, position, address, supervisor, and contact details.

Section 2: EMPLOYER INFORMATION:

Form with 6 numbered fields for employer information including name, economic development zone, provider number, address, city, and 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