



## 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 (1-7) are optional. However, we encourage that you complete them, selecting “prefer not to answer” if you do not feel comfortable answering the question. We will use your responses only to report summarized results, not individual responses.

Please select or indicate the appropriate fields below.

#### 1. Legal Sex:

Male  
Female  
X or someone else  
Prefer not to answer

#### 2. Gender Identity:

Man  
Woman  
Non-Binary  
Two Spirit

Intersex  
Questioning/Unsure  
Uses a different term: \_\_\_\_\_  
Prefer not to answer

**3. Gender Identity: Do you identify as transgender?**

Yes  
No  
Questioning/Unsure  
Prefer not to answer

**4. Please indicate your race:**

Alaskan Native  
A r a b  
Asian  
Black or African American  
Hawaiian or Other Pacific Islander  
Native American/Indigenous  
White  
Some other race, ethnicity, origin  
Prefer to self-describe: \_\_\_\_\_  
Prefer not to answer

**5. Are you of Hispanic/Latino origin?**

Yes  
No  
Prefer not to answer

**If Hispanic/Latino, is your background:**

Cuban  
Mexican  
Puerto Rican  
Some other Hispanic, Latino/a/x origin  
Prefer to self-describe: \_\_\_\_\_  
Prefer not to answer

**6. Are you of Asian origin?**

Yes  
No  
Prefer not to answer

**If Asian, is your background:**

Chinese

Japanese  
Filipino  
Korean  
Vietnamese  
Asian Indian (East Indian)  
Laotian  
Cambodian  
Bangladeshi  
Hmong  
Indonesian  
Malaysian  
Pakistani  
Sri Lankan  
Taiwanese  
Nepalese  
Burmese  
Tibetan  
Thai  
Asian, Not Specified  
Other Asian  
Prefer to self-describe: \_\_\_\_\_  
Prefer not to answer

**7. Are you of Pacific Islander origin?**

Yes  
No  
Prefer not to answer

**If Pacific Islander, is your background:**

Hawaiian  
Guamanian  
Samoan  
Fijian  
Tongan  
Pacific Islander, not specified  
Other Pacific Islander  
Prefer to self-describe: \_\_\_\_\_  
Prefer not to answer

**8. What is your primary language?**

English  
Arabic  
Bengali  
French  
Greek  
Haitian Creole

Hebrew  
Italian  
Korean  
Mandarin Chinese  
Polish  
Russian  
Spanish  
Urdu  
Yiddish  
Other: \_\_\_\_\_

**9. 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: \_\_\_\_\_

**10. 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**

**11. 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.

12. 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.

13. 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.

14. 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)

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

CASAC-350
CRPA-50

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

**CRPA: Certified Recovery Peer Advocate**

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

**Yes**

**No**

**17. 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.**

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

**Yes**

**No**

**19. 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)