



Office of Addiction Services and Supports

OASAS. Every Step of the Way.

Community-Based Education & Training Providers Addiction Professionals Scholarship Program

SUPERVISOR APPLICANT ENDORSEMENT FORM

Please select the credential program to which you are applying:

_____ CASAC _____ CPP _____ CPS _____ CRPA
_____ Peer Renewal Hours _____ Peer Supervision Professional

Section 1: EMPLOYEE/APPLICANT AND SUPERVISOR INFORMATION:

Employee/Applicant's Name: _____

Supervisor's Name: _____

Supervisor's Title: _____

Section 2: NARRATIVE AND ATTESTATION (Must be completed and signed by Supervisor):

This section is required and must be completed and signed by the employee/applicant's supervisor.
Please attach additional pages, if needed.

Please describe why you would recommend this employee for the program(s) they are applying for as indicated above:

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:

Please provide a supervision description for the field placement/internship (e.g., how/by whom will the position be supervised):

☐ I recommend this person for the Addiction Professionals Scholarship Program.

☐ I do not recommend this person for the Addiction Professionals Scholarship Program.

Comments:

Signature

Date