



Addiction Professionals Scholarship Program

EMPLOYMENT VERIFICATION/APPLICANT ENDORSEMENT FORM

Please select the credential program to which you are applying:
 ___ CASAC ___ CASAC-G ___ CPP ___ CPP-G ___ CPS ___ CPS-G
 ___ CRPA

Section 1: EMPLOYEE/APPLICANT INFORMATION:

1. Legal Name of Employee:	2. Hire Date:
3. Employee's Position:	4. Hire Date
5. Employee's Home Street Address/P.O. Box:	
6. Employee's Home City/Town/Village:	7. Postal Zip Code:
8. Employee's Supervisor:	9. Title of Supervisor:
10. Employee's Business Telephone #:	11. Employee's Business Email:

Section 2: EMPLOYER INFORMATION:

1. Legal Name of Employer:	
2. Economic Development Zone:	3. Employer's OASAS/OMH/DOH Provider Number (if applicable):

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

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