

OASAS. Every Step of the Way.

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):

4. Street Address/P.O. Box:	
5. City/Town/Village: 6. Posta	l Zip Code:

7. Name of Employer's Contact Person:		8. Title of Contact:
9. Contact Telephone #:	10. Contact Emai	il:

Section 3: NARRATIVE AND ATTESTATION (Must be completed and signed by Employer):

NARRATIVE (Required): (please attach additional pages, if needed)

Describe why you would recommend this employee for a CASAC/CASAC-G/CPP/CPP-G/CPS/CPS G/CRPA (please circle one) educational program scholarship:			
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, 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	-		