

## OASAS. Every Step of the Way.

## STONY BROOK UNIVERSITY ADDICTION PROFESSIONALS SCHOLARSHIP PROGRAM

## **CASAC-85 PROGRAM ATTESTATION FORM**

l,,	hereby	certify	that,	in o	rder	to s	uccess	fully	complete	the
CASAC-350 program requirements and to	subsequ	ently re	ceive	a cei	rtifica	te o	f comp	letio	n, I must:	

- adhere to the CASAC Canon of Ethical Principles and any other code of ethics that are imposed on me by the academic institution or community-based organization who is administering the program.
- 2. complete the required number of clock hours of the CASAC 350 curriculum: Section 1 85 hours and any relevant one-time requirements.
- 3. submit completed copies of my signed student agreement to be included in my student file.

Although optional, internships are strongly encouraged.

If I decide to complete an optional internship, I agree to:

- 1. complete a minimum of 35 internship hours for my CASAC program type under the appropriate level of supervision in the appropriate OASAS-CERTIFIED, OMH-CERTIFIED, or DOH-authorized settings.
- 2. track my field placement/internship hours and have them signed off by my supervisor and educational program point of contact on a routine, agreed upon schedule on forms provided by the CASAC program educational provider.
- 3. complete the internship at either
  - my current employer, if my employer is an appropriate setting at an OASAS-approved setting during the APSP program at an employer after completing my educational clock hours provided that the employer is an appropriate setting
- 4. submit completed copies of my signed field placement/internship hours and any evaluations or supervisor feedback regarding my performance to my CASAC program educational provider to be included in my student file.

Student's Name [Printed]
Student's Signature
Date (MM/DD/YYYY)