



Office of Addiction Services and Supports

OASAS. Every Step of the Way.

**Stony Brook University
Addiction Professionals Scholarship Program**

EMPLOYMENT VERIFICATION/APPLICANT ENDORSEMENT FORM

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. Postal Zip Code:

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

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 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