

**PERSONAL REFERENCE FORM: CREDENTIALLED ALCOHOLISM &
SUBSTANCE ABUSE COUNSELOR (CASAC) TRAINING PROGRAM**

INSTRUCTIONS TO THE APPLICANT:

Recommendation forms must be submitted with the online **ADDICTION PROFESSIONALS SCHOLARSHIP PROGRAM APPLICATION**.

Under the provisions of the Family and Educational Rights and Privacy Act (FERPA), and applicable state law, you (if admitted and enrolled) will have access to the information provided below unless you waive such access.

I hereby waive my right of access to the information contained in this recommendation.

Signature of Applicant (check to sign)

Date

IF THERE IS NO SIGNATURE ABOVE, THIS RECOMMENDATION WILL BE TREATED AS NON-CONFIDENTIAL.

Applicant's First Name

Middle Name

Last Name

Applicant's Email Address

Recommender's Name

Recommender's Email Address

Note to Applicants: After you complete this page, please send this form to your recommender/evaluator for their completion. Once you receive the completed and signed form, please submit the form with your online ADDICTION PROFESSIONALS SCHOLARSHIP PROGRAM APPLICATION.

TO THE EVALUATOR

The above-named applicant is applying for admission to Stony Brook’s CASAC training program. Pursuing this program will require both an intensive program of study and commitment to public and not-for-profit service with addicted populations. The applicant has selected you as someone who can be helpful in evaluating his/her/their preparation for and readiness to enter the CASAC educational program.

To ensure the best and most appropriate outcome of the application process for this applicant, we ask that you be frank about both the applicant’s strengths and limitations. Please answer the questions below as fully as possible. Additional comments are also welcome. Your prompt reply is appreciated.

1. How long have you known the applicant?
2. In what capacity have you known the applicant?

Characteristics	Below Average	Average	Above Average	Very Good	Exceptional	N/A
Motivation to pursue CASAC program						
Commitment to working in the field of addiction						
Experience in working with addiction						
Time management skills						
Communication: Verbal skills						
Communication: Written skills						
Problem-solving skills						
Organizational ability						
Resourcefulness						
Initiative: self-starter						
Creativity						
Ability to work cooperatively with others						
Respectful of diversity						

Please use the space below to elaborate on the ratings above or on any other matters you consider relevant to the applicant's admission.

SUMMARY EVALUATION

I strongly recommend this applicant for admission and feel the applicant has the capacity to perform at a superior level in Stony Brook's CASAC program.

I recommend this applicant for admission without reservation and am confident this individual will do well in Stony Brook's CASAC program.

I recommend this applicant with some reservations about the applicant's ability to perform well in Stony Brook's CASAC program.

I feel the applicant's qualifications for Stony Brook's CASAC program are marginal but the individual may do well with sufficient support and encouragement.

I do not recommend the applicant for admission to Stony Brook's CASAC program.

By my signature below, I am attesting that the information provided is true and correct to the best of my knowledge. All statements made in connection with this application are subject to investigation and verification. Falsification or omission of information in this attestation may result in administrative action against me by OASAS I understand that knowingly making a false statement on this application or any attachment or supporting document is punishable as a misdemeanor pursuant to Section 210.45 of the NYS Penal Law.

Recommender's Signature

Date

Recommender's Full Name (Printed)

Recommender's Residential Address

Recommender's Primary Phone Number