



Office of Addiction Services and Supports

OASAS. Every Step of the Way.

COMMUNITY-BASED EDUCATION & TRAINING PROVIDERS ADDICTION PROFESSIONALS SCHOLARSHIP PROGRAM APPLICATION

Applicant Information:

Table with applicant information fields: Full Name (First, Middle Name/Initial, Last), Residential Address (Street Address, Apt/Suite #, City, State\*, Zip Code), Primary Phone Number, Secondary Phone Number, Email Address.

\*Applicants must reside in New York State.

Demographic Categories: Please note that all demographic questions (1-6) are optional. Your response(s) or lack of responses will not affect your admission into the Addiction Professionals Scholarship Program in any way.

Please select or indicate the appropriate fields below.

1. Legal Sex:

- Male
Female

2. Gender:

- Male
Female
Non-Binary
Other: \_\_\_\_\_

**3. Are you Hispanic/Latino?**

Yes  
No

**If Hispanic/Latino, is your background:**

Central American  
Cuban  
Dominican  
Mexican  
Puerto Rican  
South American  
Other: \_\_\_\_\_

**4. Please indicate your race:**

American Indian or Alaskan Native  
Asian  
Black or African American  
Native Hawaiian or Other Pacific Islander  
White

**5. What is your primary language?**

English  
Arabic  
Bengali  
French  
Greek  
Haitian Creole  
Hebrew  
Italian  
Korean  
Mandarin Chinese  
Polish  
Russian  
Spanish  
Urdu  
Yiddish  
Other: \_\_\_\_\_

**6. Do you have the proficiency/fluency to conduct services in other languages?**

Yes  
No

**If so, what are the languages?**

English  
Arabic  
Bengali  
French  
Greek  
Haitian Creole  
Hebrew  
Italian  
Korean  
Mandarin Chinese  
Polish  
Russian  
Spanish  
Urdu  
Yiddish  
Other: \_\_\_\_\_

**7. Please select your highest level of education.**

**Doctoral degree**  
**Master's degree**  
**Bachelor's degree**  
**Associate degree**  
**High school diploma/high school equivalency diploma**  
**None of the above**

**8. Has any disciplinary action ever been taken against you as the holder of any license or certification issued by New York State or any other State or Federal agency?**

**Yes**  
**No**

**If you answered "yes", please explain below.**

**9. Are you listed on the Staff Exclusion List\* as an individual who is legally prohibited from providing care and services to a vulnerable person? \*defined in Article 11 of the New York State Social Services Law**

**Yes**  
**No**

If you answered "yes", please explain below.

10. Please check one of the following:

I am an employee of one of the following program types\*\*:

Office of Addiction Services and Supports (OASAS) certified/authorized program  
Office of Mental Health (OMH) or Department of Health (DOH) certified Integrated Outpatient Services (IOS-SUD) Program

DOH Drug User Health/Harm Reduction Program

Non-certified setting which involves either: 1) the legal provision of addiction services or 2) the opportunity to establish proficiency in one or more of the professional competencies associated with a credential administered by OASAS (that provides addiction care prevention, treatment, recovery or harm reduction services in another setting)\*\*.

I am not currently working in one of the above settings.

11. I am interested in working in one of the OASAS/OMH/DOH settings reflected below (please check all that apply):

Interested in the Office of Addiction Services and Supports (OASAS)

Interested in the Office of Mental Health (OMH)

Interested in the Department of Health (DOH)

12. Credential Program Type (please check only one option):

CASAC-350
CRPA-50

CASAC: Credentialed Alcoholism and Substance Abuse Counselor

CRPA: Certified Recovery Peer Advocate

13. Have you taken the CASAC program at another Education and Training Provider (ETP) prior to applying to our institution?

Yes

No

14. If you answered “yes” to the previous question, please provide the following: 1) the name of the ETP; 2) a brief description of the course and content that you successfully completed including the sections, modules, and hours completed; and 3) the sectional certificate that you received from the ETP from which you are transferring.

15. Did you receive a scholarship from OASAS to attend the CASAC program from the ETP from which you are transferring?

Yes

No

16. If you answered “yes” to the previous question, please list the name of the scholarship and the year that you received it.

Name of OASAS scholarship: \_\_\_\_\_

Year scholarship was received: \_\_\_\_\_

Please provide a brief statement about why you are applying for a scholarship opportunity for your selected program type, which should include, at a minimum:

- any previous volunteer or work experience along the addictions continuum of care;
- your interest in working in the OASAS Provider System; and
- the qualities you possess that you believe would make you an effective CASAC/CRPA.

**Required Scholarship Application Documents Checklist:**

- **Addiction Professionals Scholarship Program Application Form**
- **Employment Verification Form (for applicants who selected one of the \*\* employment options above)**
- **Three (3) Reference Forms/Letters of Recommendation on affiliate letterhead clearly indicating the signatory's credentials/title/qualifications to write on the applicant's behalf (Employment Verification Form may be submitted in lieu of one (1) Reference Form/Letter of Recommendation and is REQUIRED for any applicants who are working in an OASAS/OMH/DOH-certified setting and/or within a setting along the addictions continuum of care at the time of application\*\*)**
- **One (1) professional or academic reference and two (2) personal references (for individuals not currently employed in the addictions field and are unable to obtain three (3) professional references\*\*\*). A professional reference or academic reference may include a professor, a supervisor, a teacher, or a GED instructor. Personal references are people you know from settings outside of work, including community organizations and social groups. They may include:**
  - **mentors;**
  - **people you know from networking or professional membership groups;**
  - **leaders of social groups and community organizations;**
  - **coaches or instructors from extracurricular activities;**
  - **faith leaders; and**

- someone who has worked with you on a project or assignment.

**Note that personal references do not include family members, your spouse, or personal friends. Your personal references should be able to speak objectively about your character and/or about your job-related skills.**

- **Review summary from OASAS (for individuals who received a transcript review from OASAS to obtain transfer credits).**
- **Sectional Certificate (for individuals who took classes at a previous ETP and want to receive transfer credits).**
- **Personal Statement (for individuals not currently employed in the addictions field\*\*\*).**

\_\_\_\_ Please initial this section **ONLY** if you agree to having your name and program selection shared with the NYS Office of Addiction Services and Supports (OASAS) for inclusion in their data collection regarding the Addiction Professionals Scholarship Program. This is completely voluntary and will NOT, in any way, affect your potential eligibility for a scholarship opportunity. Information will only be shared if you are selected to receive, and agree to accept, an OASAS-funded scholarship award.

**Note:** If you are accepted into and withdraw from the scholarship program, you may not receive another scholarship from OASAS in the future.

**Statement of Accuracy/Affirmation**

I affirm that all the information I have provided in this application is my work and that it is accurate to the best of my knowledge and belief.

I affirm that I am not currently receiving another scholarship from the New York State Office of Addiction Services and Supports.

\_\_\_\_\_  
Applicant's Name [Printed]

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)