

OASAS. Every Step of the Way.

COMMUNITY-BASED EDUCATION & TRAINING PROVIDERS ADDICTION PROFESSIONALS SCHOLARSHIP PROGRAM

CASAC-350 PROGRAM ATTESTATION FORM

| | I,, hereby certify that, in order to successfully complete the |
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| CASAC- | -350 program requirements and to subsequently receive a certificate of completion, I must: |
| 1. | Adhere to the CASAC Canon of Ethical Principles and any other code of ethics that are imposed or me by the academic institution or community-based organization who is administering the program; |
| 2. | Complete the requisite minimum internship hours (120) for my CASAC program type under the appropriate level of supervision in the appropriate OASAS-CERTIFIED, OMH-CERTIFIED, or DOH authorized settings within one (1) year of completing the CASAC program. |
| 3. | Complete Section 1 and a minimum of 50% of Section 2 (160 total clock hours) prior to beginning my qualifying field placement/internship hours unless I am actively performing responsibilities within the CASAC-T/Intern Scope of Practice at the time of admission to the CASAC-350 program (applicable only to community-based organizations and continuing education programs). |
| 4. | Complete the CASAC 350-hour course in its entirety. |
| 5. | 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. |
| 6. | Submit completed copies of my signed student agreement, 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. |
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| Studen | t's Name [Printed] |
| <u> </u> | W. Character and |
| STUDEN | t's Signature |

Date (MM/DD/YYYY)