



Office of Addiction Services and Supports

OASAS. Every Step of the Way.

Addiction Professionals Scholarship Program

EMPLOYMENT VERIFICATION/APPLICANT ENDORSEMENT FORM

Please select the credential program to which you are applying:

CASAC CASAC-G CPP CPP-G CPS CPS-G CRPA

Section 1: EMPLOYEE/APPLICANT INFORMATION:

Form with fields for Employee 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:

Form with fields for 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/CASAC-G/ CPP/ CPP-G/ CPS/ CPS-G/ CRPA (please circle one) 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