Application Packet
Credentialed Alcoholism and Substance Abuse Counselor (CASAC)

New York State
Office of Alcoholism & Substance Abuse Services
Addiction Services for Prevention, Treatment, Recovery
NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
CREDENTIALED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC) APPLICATION

PURPOSE OF THE CREDENTIAL

The New York State Office of Alcoholism and Substance Abuse Services (OASAS) is committed to enhancing the quality of services in New York State through the professional development of the alcoholism and substance abuse services workforce. To ensure that counselors who provide direct care in alcoholism and substance abuse programs are competent and ethical in their work and skilled in meeting the needs of today's society, OASAS issues a professional credential -- the Credentialled Alcoholism and Substance Abuse Counselor (CASAC) -- to individuals who meet specific eligibility requirements and pass an examination.

CREDENTIALING PROCESS

In order to become a CASAC in New York State, you must: (1) meet specific competency and ethical conduct requirements; (2) meet specific work experience requirements; (3) meet minimum education and training requirements; and (4) pass the International Certification and Reciprocity Consortium, Inc. (ICRC) examination for Alcohol and Drug Abuse Counselors (ADC). All the stated requirements are overseen and/or coordinated by OASAS.

Application

The first step in the credentialing process is the submission of a CASAC Application to the OASAS Credentialing Unit. Applications are accepted on an ongoing basis and will remain active for a five year period from the date of postmark. This Application Packet provides instructions to guide you in completing your Application.

Upon receipt by the OASAS Credentialing Unit, your Application will be reviewed to ensure that the minimum eligibility requirements have been satisfied. Review of an Application takes approximately six weeks from the date of postmark. Based on the findings of this review, your Application will be determined to be either incomplete or approved.

Incomplete Applications

If your Application is determined to be incomplete, you will be mailed a CASAC Application Review Summary identifying noted deficiencies.

If you are unable to address the identified deficiencies by the end of the five year period, your Application will not be approved and you will not be issued a CASAC Credential. In order to be considered for a CASAC in the future, you will be required to submit a new Application, associated documentation and an additional Application Processing Fee.

CASAC Trainee Certification

OASAS will issue a CASAC Trainee certificate to applicants who have met the overall requirements or who have satisfied a specific portion of the overall requirements, as outlined on the following page. Holding a CASAC Trainee certificate does not in itself qualify you to take the examination (see Page 2 for information on examination eligibility). The CASAC Trainee certificate will serve as documentation that you are working toward becoming a CASAC.

NOTE: The CASAC Trainee certification will not authorize you to be considered a Qualified Health Professional (QHP). CASAC Trainees may be counted toward the QHP staffing requirement in specific OASAS-certified chemical dependence treatment programs only.
You will be eligible for a CASAC Trainee certificate when Part A is approved and when your Application meets one of the following minimum requirements:

- a minimum of 350 clock hours of education and training, as outlined in Part D of this Application Packet;
  -- OR --
- a minimum of 4000 hours of approved work experience and a minimum of 85 clock hours of education and training related to Knowledge of Alcoholism and Substance Abuse, as outlined in Part D, Section I of this Application Packet.

Your CASAC Trainee certificate will be effective from the date that any of the above eligibility requirements are approved until the end of the five-year active period of your Application. The CASAC Trainee certificate is not renewable. However, when your CASAC Trainee certificate expires, a three-year extension may be requested for an additional fee only if you: (1) are an examination eligible candidate; or (2) have successfully completed the examination but still must complete the work experience and submit appropriate evaluations of competency and ethical conduct. If you do not complete the credentialing process by the expiration date of your CASAC Trainee certification extension, in order to be considered to become a CASAC in the future, you will be required to submit a new Application, associated documentation and an additional Application Processing Fee. It is very important to note that you will not be eligible for CASAC Trainee certification a second time.

**Examination**

The ICRC examination for ADC counselors is comprised of 150 multiple-choice questions derived from the counselor tasks identified in the 2002 ICRC Role Delineation Study.

The examination is administered at least once a year in New York State. Based on the geographic locations of eligible candidates, examination locations may vary. You will be notified by mail of your examination results and provided with an analysis of your examination to identify areas of strength and weakness.

Applicants who do not pass the examination will remain eligible to retest once every 60 days during the active period of their Application.

Eligibility for the examination may be met by meeting one of the following requirements:

- Satisfactory completion of the 350 educational hours, 6,000 work experience hours and the submission of the appropriate evaluations of competency and ethical conduct. A CASAC certificate will be issued to those candidates who successfully complete the examination process.
  -- OR --
- Satisfactory completion of the 350 educational hours. A CASAC certificate will not be issued until satisfactory completion of the 6,000 work experience hours and the submission of appropriate evaluations of competency and ethical conduct.

**Fee Schedule**

All fees are non-refundable and must be made payable to "NYS OASAS" in the form of a certified check or money order. Personal checks cannot be accepted, will be returned and will delay processing of your Application.

- Application Processing Fee …………………. $100  
- CASAC Trainee Extension Fee …………………. $100
- Computer Based Examination Fee …………. $245

**NOTE:** The Application, associated instructions and fees are subject to change without notice.
NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
CREDENTIALED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC) APPLICATION

APPLICATION INSTRUCTIONS

These instructions are intended to guide you in completing your Application to become a CASAC. Please read the following information before preparing your Application.

Minimum Qualifications

To apply to become a CASAC, you must:

- be at least 18 years of age;
- have earned at least a High School Diploma or a General Equivalency Diploma (GED); and
- be proficient in English including the ability to speak, write, comprehend aurally and read at a minimum level necessary to perform as a credentialed alcoholism and substance abuse counselor.

PLEASE NOTE: An applicant must reside or work in New York State at least 51 percent of the time to be issued a New York State credential. An out-of-state applicant may submit an application, be considered for a CASAC Trainee certification and, if eligible, take the ICRC examination and receive their scores. However, a credential will not be issued without documentation that the residency and/or employment requirement has been met.

Process

1. Review the CASAC Application Packet to ensure that the following forms are included:

   Part A  Application Summary (PDS-11)
   Part B  Evaluation of Competency and Ethical Conduct (PDS-12) (three copies)
   Part C  Paid Work Experience Verification Record and Qualified Health Professional Supervisor Certification (PDS-13)
           Non-Paid, Volunteer Work Experience Verification Record and Qualified Health Professional Supervisor Certification (PDS-13.1)
           Work Experience Verification Record Addendum (PDS-13.2) for work settings # 3 or #4
           Work Setting Certification Form (PDS-13.3) for work setting #5
   Part D  Education and Training Record (PDS-14)

2. Make a copy of the Application Packet to use as a working draft before preparing your Application.

3. After completing the working draft, enter the final information onto the original Application. Please print clearly.

4. Make a copy of the completed Application for your records. The Application and all information and documents submitted with the Application become the property of OASAS and will not be returned.

5. Submit the completed original Application and all required documentation with a non-refundable $100 Application Processing Fee in the form of a certified check or money order made payable to NYS OASAS. Personal checks cannot be accepted, will be returned and will delay processing of your Application. Address Applications to:

   NYS OASAS
   Attn: Credentialing Unit
   1450 Western Avenue
   Albany, New York 12203-3526
NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
CREDENTIALED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC) APPLICATION

PART A - APPLICATION SUMMARY [INSTRUCTIONS]

Part A (Application Summary [PDS-11]) contains information to establish an applicant record.

NOTE: The Part A (Application Summary) must be dated within one year prior to submission. Forms not dated within one year prior to submission cannot be considered.

Complete Part A as follows (please print clearly on all forms):

- **Personal Information** -- Enter your Social Security Number; last name; first name; middle initial; street address; apartment or post office box number; city, town or village; state; zip code; county of residence; home and cell telephone number; date of birth; e-mail address and optional demographic information.

- **Employment Information** -- Enter your job title; current employer; street address; city, town or village; state; zip code; type of agency; work telephone number; work unit or facility name; and OASAS license/certificate number, if applicable.

- **Professional/Educational Information** -- Check the box which identifies the highest level of education you have completed and identify all credentials or licenses that currently apply to you. **Attach documentation which verifies completion of the level of education and copies of any credentials or licenses you claimed in Part A (Application Summary).**

- **Application Processing Fee** -- Attach the non-refundable $100 Application Processing Fee to Part A of the Application. The fee must be in the form of a certified check or money order made payable to "NYS OASAS". Personal checks cannot be accepted, will be returned and will delay processing of your Application.

- **Affirmations and Certifications** -- Complete the questions presented; review the affirmations.

  **Felony and Misdemeanor Questions:** If you answer "Yes" to either question, please note that conviction of a crime is not, in and of itself, a ban to becoming credentialed. However, the bearing, if any, the criminal offense(s) for which you have been previously convicted will have on your fitness or ability to perform one or more duties or responsibilities related to the credential may result in your Application being denied. The Felony/Misdemeanor Conviction Statement must be completed and submitted along with the appropriate documentation.

- **Applicant Signature and Date** -- Sign and date the Application. **Applications which are not signed and dated will be returned to you and will delay processing of your Application.**

**IMPORTANT:**

Make a copy of your completed application, including all documentation and attachments, for your records. If your application expires before fulfilling all the requirements, you will be required to submit a new application and all associated documentation.

**Personal Information provided to OASAS is protected under the New York State Public Officer's Law, Personal Privacy Protection Law, Article 6A, and may only be disclosed with written consent, a court-ordered subpoena or subject to other provisions of such law.**
**NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES**  
**CREDENTIALED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC) APPLICATION**

### PART A - APPLICATION SUMMARY

#### PERSONAL INFORMATION (Please Print Clearly)

- **LAST NAME:** ____________________________  
- **FIRST NAME:** ____________________________  
- **MIDDLE INITIAL:** ____________________________

**IF YOU HAVE BEEN KNOWN BY ANY OTHER NAME(S), PLEASE PROVIDE:**

- ____________________________

**SOCIAL SECURITY NUMBER:** ____________________________  
**DATE OF BIRTH:**  
- **Month:** __  
- **Day:** __  
- **Year:** __

**MAILING ADDRESS:**  
- **Street Address:** ____________________________  
- **Apt. #** ____________________________

- **City/Town/Village:** ____________________________  
- **State:** ____________________________  
- **Zip Code:** ____________________________  
  **County of Residence:** ____________________________

**HOME TELEPHONE NUMBER:** ( )  
**CELL PHONE NUMBER:** ( )

**E-MAIL ADDRESS:** ____________________________  
**GENDER:**  
- Female  
- Male

#### DEMOGRAPHIC INFORMATION  
(Optional, for demographic collection only)

- **Ethnicity:**  
  - White (Non Hispanic)  
  - Asian/Pacific American  
  - Hispanic  
  - Black (Non Hispanic)  
  - Native American  
  - Other: ____________________________

- **Military Service:**  
  - Army  
  - Navy  
  - Air Force  
  - Marines  
  - National Guard

**I would identify myself as:**  
- A person in recovery from addiction(s)  
- A person recovering from the effects of addiction(s) in my family

#### PROFESSIONAL AND EDUCATIONAL INFORMATION  
(Check the highest level of education and any credentials/licenses that currently apply to you). Attach documentation which verifies the level of education and any credentials/licenses claimed.

- **GED**  
- **High School Diploma**  
- **Associates Degree**  
- **Bachelors Degree**  
- **Masters Degree**  
- **Doctoral Degree**

- **Licensed Clinical Social Worker**  
- **Licensed Master Social Worker**  
- **Certified by the National Board for Certified Counselors**  
- **Licensed Mental Health Counselor**  
- **Licensed Marriage and Family Therapist**  
- **Physician**  
- **Physician's Assistant**  
- **Registered Professional Nurse**  
- **Nurse Practitioner**  
- **Licensed Psychologist**  
- **Licensed Psychoanalyst**  
- **Therapeutic Recreation Specialist**  
- **Occupational Therapist**  
- **Rehabilitation Counselor**  
- **Creative Arts Therapist**

#### EMPLOYMENT INFORMATION (Please Print Clearly)

- **JOB TITLE:** ____________________________  
- **WORK TELEPHONE NO.:** ( )  
- **Ext.:** ____________________________

- **CURRENT EMPLOYER:** ____________________________  
- **DATE STARTED:** ____________________________

- **OASAS CERTIFICATE NUMBER:** ____________________________  
- **WORK UNIT/FACILITY NAME:** ____________________________

**MAILING ADDRESS:**  
- **Street:** ____________________________  
- **City/Town/Village:** ____________________________  
- **State:** ____________________________  
- **Zip Code:** ____________________________

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**THE REVERSE SIDE MUST BE COMPLETED IN ITS ENTIRETY**

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**NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES**
**CREDENTIALED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC) APPLICATION**

**PART A - APPLICATION SUMMARY (continued)**

**AFFIRMATIONS AND CERTIFICATIONS (Please Print Clearly)**

Have you ever been convicted of a:
- **Felony?**
- **Misdemeanor related to sex crimes, crimes of violence, or crimes against children?**

If "Yes", complete the Felony/Misdemeanor Conviction Statement (on the next page) and submit with your Application. Please remember to include all documentation to support the conviction/disposition.

If you are currently on Parole or Probation, the name, address and telephone number of your Parole or Probation Officer must be provided, as well as a current criminal history report. A New York State Criminal History Report can be requested from the New York State Division of Criminal Justice Services by calling (518) 485-7675.

If your conviction was alcohol or substance abuse related, OR if the terms and conditions of your Parole/Probation included chemical dependence treatment, documentation regarding any chemical dependence treatment that you may have completed must be submitted. If treatment was not required, please notify us in writing accordingly.

A recent employment history and a letter of recommendation from your current supervisor must be submitted. If your supervisor is not a Qualified Health Professional (QHP), an additional letter completed by a QHP must also be submitted. In the absence of any supervisor, two letters of recommendation each completed by a QHP must be submitted. The letters must be dated and signed on letterhead.

Are you currently incarcerated?

If "Yes", indicate facility where incarcerated:

Has any disciplinary action ever been taken against you as the holder of any other New York State license or certification?

If "Yes", complete the following information:

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<th>Date of Disciplinary Action</th>
<th>License or Certification</th>
<th>Type of Action Taken</th>
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I, the undersigned applicant, have read, understand and agree to abide by the Canon of Ethical Principles (see Attachment 1). I attest that the information contained in this Application, including any attachments, is true and correct to the best of my knowledge. I understand that if the information submitted contains a false statement, my Application to become a CASAC may be denied. If the Application is approved and later determined to contain materials that were false or misleading, OASAS has the authority to duly annul, suspend, limit or revoke the credential issued.

A person is guilty of offering a false instrument for filing in the first degree when, knowing that a written instrument contains a false statement or false information and, with intent to defraud the State or any political subdivision thereof, he/she offers or presents it to a public officer or public servant with the knowledge or belief that it will be filed with, registered or recorded in or otherwise become part of the records of such public office of public servant.

**OFFERING A FALSE INSTRUMENT FOR FILING IN THE FIRST DEGREE IS A CLASS E FELONY.**

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<th>APPLICANT SIGNATURE</th>
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**APPLICATION PROCESSING FEE**

There is a non-refundable application processing fee associated with this Application. Please attach a CERTIFIED CHECK OR MONEY ORDER (in the amount of $100 made payable to “NYS OASAS”) to Part A of this Application. Personal checks cannot be accepted, will be returned and will delay processing of your Application. Please do not send cash. Send to:

NYS OASAS  
Attn: Credentialing Unit  
1450 Western Avenue  
Albany, NY 12203-3526
CRIMINAL CONVICTION STATEMENT (Please Print Clearly)

LAST NAME: ___________________________ FIRST NAME: ___________________________ SSN #: ___________________________

You have disclosed in your Credentialing Application that you have been convicted of a felony and/or a reportable misdemeanor (i.e., sex crimes, crimes of violence, or crimes against children).

Please note that conviction of a crime is not, in and of itself, a ban to becoming credentialled. However, the bearing, if any, the criminal offense or offenses for which you have been previously convicted will have on your fitness or ability to perform one or more duties or responsibilities related to the credential must be considered. Accordingly, in order to continue processing your application, please complete and submit this form as part of your application.

**LIST ALL FELONY AND REPORTABLE MISDEMEANOR CONVICTIONS**

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PLEASE NOTE: Submission of the following will expedite the review of your criminal convictions:

- If you are currently on Parole/Probation, the name, address and telephone number of your Parole/Probation Office must be provided below and a copy of a complete current criminal history report should be included with your application. In addition, you should provide documentation which verifies that you are meeting the terms and conditions of your Parole/Probation or submit a letter of recommendation from your Parole/Probation Officer that includes a final assessment of your Parole term.

- Documentation to support your completion of Parole/Probation (if applicable).

- Documentation to verify the successful completion of all phases of chemical dependence (if applicable). If treatment was not required, please submit a letter notifying us accordingly.

- Information relative to your employment/vocational history which may include a description of any volunteer or community activities. Please note that this history is not limited to employment in the chemical dependence field and should document the timeframe of claimed employment/activities.

- A letter of recommendation from your current supervisor. If your supervisor is not a Qualified Health Professional (QHP), one additional letter completed by a QHP must also be submitted. In the absence of any supervisor, two letters of recommendation, each completed by a QHP, must be submitted. The letters must be dated and signed on letterhead.

**NOTE:** A New York State criminal history report can be requested from the New York State Division of Criminal Justice Services by calling (518) 485-7675.

CURRENT STATUS (Incarcerated, Parole, Probation, or Supervision Terminated): ______________________________________________________

PAROLE/PROBATION OFFICER NAME: __________________________________________ TELEPHONE NUMBER: ( ) __________________

MAILING ADDRESS: ___________________________ Street ___________________________ City/Town/Village ___________________________ State ___________________________ Zip Code ___________________________
NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
CREDENTIALED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC) APPLICATION

PART B – EVALUATION OF COMPETENCY AND ETHICAL CONDUCT

Requirements
You must arrange to have three individuals complete an evaluation of competency and ethical conduct on your behalf to be submitted as part of your Application. Evaluations must be submitted on the Part B Evaluation of Competency and Ethical Conduct (PDS-12) forms included in this Application Packet. All evaluators must have direct knowledge of your alcoholism and substance abuse-related work experience observed for a minimum of six months and must meet the following qualifications:

- One evaluator must be your current clinical supervisor. In the absence of a current clinical supervisor, the evaluator may be your most recent supervisor.
- One evaluator must be a current New York State CASAC or hold a current reciprocal-level credential issued by another member board of the ICRC.
- In addition to the CASAC evaluator, one evaluator must be a QHP. A QHP means an individual who has at least one year experience in the treatment of alcoholism and/or substance abuse and who has completed a formal training program in the treatment of alcoholism and/or substance abuse, in accordance with Part 853 Credentialing of Addiction Professionals regulations, and is a/an:
  - CASAC;
  - Licensed Master or Licensed Clinical Social Worker and currently registered by the New York State Education Department;
  - Nurse Practitioner licensed and currently registered by the New York State Education Department as a professional nurse;
  - Occupational Therapist licensed and currently registered by the New York State Education Department;
  - Physician licensed and currently registered by the New York State Education Department;
  - Physician’s Assistant licensed and currently registered by the New York State Education Department and whose practice is in conformity with Section 3701 of the Public Health Law;
  - Registered Professional Nurse (RN) licensed and currently registered by the New York State Education Department;
  - Psychologist licensed and currently registered by the New York State Education Department;
  - Rehabilitation Counselor certified by the Commission on Rehabilitation Counselor Certification;
  - Therapeutic Recreation Specialist who holds a baccalaureate degree in a field allied to therapeutic recreation and, either before or after receiving such degree, has five years of full-time paid work experience;
  - Licensed Mental Health Counselor and currently registered by the New York State Education Department
  - Marriage and Family Therapist licensed and currently registered by the New York State Education Department or accredited by the American Association for Marriage and Family Therapy;
  - Licensed Creative Arts Therapist licensed and currently registered by the New York State Education Department;
  - Licensed Psychoanalyst licensed and currently registered by the New York State Education Department; or
  - Counselor certified by and currently registered as such with the National Board for Certified Counselors.

Instructions for Completing Part B (Evaluation of Competency and Ethical Conduct)

The Part B (Evaluation of Competency and Ethical Conduct must be dated within one year prior to submission.

1. Complete the “Applicant Consent to Release Information” section of each Part B Evaluation of Competency and Ethical Conduct form and provide the form to each evaluator.

2. Request that each evaluator complete the entire evaluation, attach a copy of their license, discuss the evaluation with you and return the completed form to you, with any other documentation required. Include all required evaluations with your Application.

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NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
CREDENTIALED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC) APPLICATION

PART B – EVALUATION OF COMPETENCY AND ETHICAL CONDUCT (Forms must be dated within one year prior to submission. Forms not dated within one year prior to submission cannot be considered.)

APPLICANT CONSENT TO RELEASE INFORMATION (To Be Completed By Applicant – Please Print Clearly)

LAST NAME: __________________________ FIRST NAME: __________________________ SSN #: ________-XX-________

By my signature below, I am authorizing the provider/person identified below to provide information and documentation to the New York State Office of Alcoholism and Substance Abuse Services (OASAS).

Applicant Signature __________________________ Date __________

EVALUATION (To Be Completed By Evaluator – Please Print Clearly)

Information and Instructions to Evaluator: The above-named individual is applying to OASAS to become a CASAC. As part of the application process, the applicant has selected you as one of three persons who is considered competent to judge his/her professional competency and ethical conduct. Be sure that the applicant has signed the above “Applicant Consent to Release Information” allowing you to make available to OASAS any and all information regarding his/her work experience, professional competencies and ethical conduct needed to meet the CASAC eligibility requirements. Please return this completed form to the applicant with any other documentation required. Do not complete the Evaluation of Competency and Ethical Conduct unless the release is signed. If you have any questions related to this form, or to the evaluation process, please contact the OASAS Credentialing Unit at 1-800-482-9564.

**NOTE: FOR THOSE EVALUATORS IN A NON-CERTIFIED WORK SETTING, PLEASE CHECK ONLY THOSE COMPETENCIES THAT APPLY.**

EVALUATOR NAME: __________________________ WORK SITE PH. NUMBER: (______) __________

CURRENT PROVIDER/EMPLOYER: __________________________ CURRENT JOB TITLE: __________________________

MAILING ADDRESS: __________________________ Street __________________________ City/Town/Village __________________________ State ______ Zip Code ______

PROFESSIONAL INFORMATION (Check all credentials or licenses that verify your status as a QHP. Attach a copy of at least one of the current credentials claimed.)

☐ CASAC
☐ Licensed Clinical Social Worker
☐ Licensed Master Social Worker
☐ Certified by the National Board for Certified Counselor
☐ Licensed Mental Health Counselor
☐ Licensed Marriage and Family Therapist
☐ Physician
☐ Physician’s Assistant
☐ Registered Professional Nurse
☐ Licensed Nurse Practitioner
☐ Licensed Psychologist
☐ Licensed Psychoanalyst
☐ Therapeutic Recreation Specialist
☐ Registered Occupational Therapist
☐ Certified Rehabilitation Counselor
☐ Licensed Creative Arts Therapist
☐ Other: __________________________

As a QHP, I have had at least one year of experience in the treatment of alcoholism and/or substance abuse and have completed a formal training program in the treatment of alcoholism and substance abuse in accordance with Part 853 Credentialing of Addiction Professionals regulations.

EVALUATOR KNOWLEDGE OF APPLICANT (Check the box that describes your current relationship to the applicant.)

☐ Current Clinical Supervisor ☐ Former Clinical Supervisor ☐ Co-Worker ☐ Other: __________________________

Period covered in professional relationship with applicant (six month minimum) – month and year: __________ to __________

Your Employer During Professional Relationship: __________________________

Your Job Title During Professional Relationship: __________________________

Applicant’s Employer During Professional Relationship: __________________________

Applicant’s Job Title During Professional Relationship: __________________________

THE REVERSE SIDE MUST BE COMPLETED IN ITS ENTIRETY
**NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES**  
**CREDENTIALED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC) APPLICATION**

**PART B – EVALUATION OF COMPETENCY AND ETHICAL CONDUCT (continued)**

**EVALUATION OF APPLICANT’S ALCOHOLISM AND SUBSTANCE ABUSE COUNSELING COMPETENCY AND ADHERENCE TO THE CANON OF ETHICAL PRINCIPLES LISTED BELOW:**

| (a) | Must practice objectivity and integrity; maintain the highest standards in the services offered; respect the values, attitudes and opinions of others; and provide services only in an appropriate professional relationship. |
| (b) | Must not discriminate in work-related activities based on race, religion, age, gender, disabilities, ethnicity, national origins, sexual orientation, economic condition or any other basis proscribed by law. |
| (c) | Must respect the integrity and protect the welfare of the person or group with whom the counselor is working. |
| (d) | Must embrace, as a primary obligation, the duty of protecting the privacy of patients and must not disclose confidential information or records under his/her control in strict accordance with federal, state and local laws. |
| (e) | Must not engage in relationships with patients, former patients or significant others in which there is a risk of exploitation or potential harm to the patient. |
| (f) | Must not engage in any sexual activity with current or former patients or their significant others. |
| (g) | Must not knowingly engage in behavior that is harassing or demeaning, including, but not limited to, sexual harassment. |
| (h) | Must not exploit patients or others over whom they have a position of authority. |
| (i) | Must treat colleagues and other professionals with respect, courtesy and fairness and cooperate in order to serve the best interests of their patients. |
| (j) | Must notify appropriate authorities, including employers and OASAS, when they have direct knowledge of a colleague’s impairment or misconduct which interferes with treatment effectiveness and potentially places patients and others at risk. |
| (k) | Is expected to recognize the effects of their own impairment on professional performance and must not provide services that create conflict of interest or impair work performance and clinical judgment. |
| (l) | Must cooperate with investigations, proceedings, and requirements of OASAS or other authorities which have jurisdiction over those charged with a violation. |
| (m) | Must not participate in the filing of ethics complaints that are frivolous or have a purpose other than to protect the public. |
| (n) | Must assure that financial practices are in accord with professional standards that safeguard the best interests of the patient, the counselor and the profession. |
| (o) | Must take reasonable steps to ensure that documentation in records is accurate, sufficient and timely thereby ensuring appropriateness and continuity of services provided to patients. |
| (p) | Must uphold the legal and accepted moral codes which pertain to professional conduct. |
| (q) | Must recognize the need for ongoing education to maintain current competence, and to improve expertise and skills. |
| (r) | Must acknowledge the limits of present knowledge in public statements concerning alcoholism and substance abuse. The Credentialed Alcoholism and Substance Abuse Counselor must report fairly and accurately the appropriate information, and must acknowledge and document materials and techniques used. |
| (s) | Must assign credit to all who have contributed to the published material and for the work upon which publication is based. |
| (t) | Must strive to inform the public of the effects of alcoholism and substance abuse. The Credentialed Alcoholism and Substance Abuse Counselor must adopt a personal and professional stance which promotes the well-being of the recovery community. |

**CONDUCT COMPETENT AND ETHICAL?**  
☐ Yes  ☐ No  ☐ No Basis for Judgment
EVALUATOR SUMMARY

Please check one of the following boxes and provide comments below as appropriate.

☐ I ENDORSE THIS APPLICANT.

I have no reservations regarding the applicant's professional competency or ethical conduct. The applicant meets or exceeds competency and ethical standards. To the best of my knowledge, the applicant has no current problem with alcohol, other drugs or any other addictions or conditions which might interfere with his/her ability to perform as a CASAC. I have discussed this endorsement with the applicant.

☐ I DO NOT ENDORSE THIS APPLICANT.

I have serious reservations about the applicant's professional competency, ethical conduct or other condition which could interfere with his/her ability to perform as a CASAC. I have discussed these reservations with the applicant.

☐ I AM UNABLE TO EVALUATE THIS APPLICANT.

COMMENTS:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

EVALUATOR ATTESTATION:

I attest that the information I have provided is true and correct to the best of my knowledge. I have directly observed and provided my best independent judgment of the applicant's work as an alcoholism and substance abuse counselor. I have not been influenced by the opinions of any other person. I will not discuss or reveal the content of this evaluation with any person other than the applicant in that I consider it to be confidential and private.

Evaluator Signature                                  Date
NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
CREDENTIALED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC) APPLICATION

PART B – EVALUATION OF COMPETENCY AND ETHICAL CONDUCT (Forms must be dated within one year prior to submission. Forms not dated within one year prior to submission cannot be considered.)

APPLICANT CONSENT TO RELEASE INFORMATION (To Be Completed By Applicant – Please Print Clearly)

LAST NAME: ______________________  FIRST NAME: ______________________  SSN #: ______-____-____

By my signature below, I am authorizing the provider/person identified below to provide information and documentation to the New York State Office of Alcoholism and Substance Abuse Services (OASAS).

________________________________________  ____________________________
Applicant Signature             Date

EVALUATION (To Be Completed By Evaluator – Please Print Clearly)

Information and Instructions to Evaluator: The above-named individual is applying to OASAS to become a CASAC. As part of the application process, the applicant has selected you as one of three persons who is considered competent to judge his/her professional competency and ethical conduct. Be sure that the applicant has signed the above “Applicant Consent to Release Information” allowing you to make available to OASAS any and all information regarding his/her work experience, professional competencies and ethical conduct needed to meet the CASAC eligibility requirements. Please return this completed form to the applicant with any other documentation required. Do not complete the Evaluation of Competency and Ethical Conduct unless the release is signed. If you have any questions related to this form, or to the evaluation process, please contact the OASAS Credentialing Unit at 1-800-482-9564.

EVALUATOR NAME: ______________________________  WORK SITE PH. NUMBER: (______)

CURRENT PROVIDER/EMPLOYER: __________________________  CURRENT JOB TITLE: __________________________

MAILING ADDRESS:

Street __________________________
City/Town/Village __________________________  State __________  Zip Code __________

PROFESSIONAL INFORMATION (Check all credentials or licenses that verify your status as a QHP. Attach a copy of at least one of the current credentials claimed.)

- CASAC
- Licensed Clinical Social Worker
- Licensed Master Social Worker
- Certified by the National Board for Certified Counselor
- Licensed Mental Health Counselor
- Licensed Marriage and Family Therapist
- Physician
- Physician’s Assistant
- Registered Professional Nurse
- Licensed Nurse Practitioner
- Licensed Psychologist
- Other: __________________________

As a QHP, I have had at least one year of experience in the treatment of alcoholism and/or substance abuse and have completed a formal training program in the treatment of alcoholism and substance abuse in accordance with Part 853 Credentialing of Addiction Professionals regulations.

EVALUATOR KNOWLEDGE OF APPLICANT (Check the box that describes your current relationship to the applicant.)

- Current Clinical Supervisor
- Former Clinical Supervisor
- Co-Worker
- Other: __________________________

Period covered in professional relationship with applicant (six month minimum) – month and year: __________ to __________

Your Employer During
Professional Relationship: __________________________
Your Job Title During
Professional Relationship: __________________________

Applicant’s Employer During
Professional Relationship: __________________________
Applicant’s Job Title During
Professional Relationship: __________________________

THE REVERSE SIDE MUST BE COMPLETED IN ITS ENTIRETY
### EVALUATION OF APPLICANT’S ALCOHOLISM AND SUBSTANCE ABUSE COUNSELING COMPETENCY AND ADHERENCE TO THE CANON OF ETHICAL PRINCIPLES LISTED BELOW:

| (a) | Must practice objectivity and integrity; maintain the highest standards in the services offered; respect the values, attitudes and opinions of others; and provide services only in an appropriate professional relationship. |
| (b) | Must not discriminate in work-related activities based on race, religion, age, gender, disabilities, ethnicity, national origins, sexual orientation, economic condition or any other basis proscribed by law. |
| (c) | Must respect the integrity and protect the welfare of the person or group with whom the counselor is working. |
| (d) | Must embrace, as a primary obligation, the duty of protecting the privacy of patients and must not disclose confidential information or records under his/her control in strict accordance with federal, state and local laws. |
| (e) | Must not engage in relationships with patients, former patients or significant others in which there is a risk of exploitation or potential harm to the patient. |
| (f) | Must not engage in any sexual activity with current or former patients or their significant others. |
| (g) | Must not knowingly engage in behavior that is harassing or demeaning, including, but not limited to, sexual harassment. |
| (h) | Must not exploit patients or others over whom they have a position of authority. |
| (i) | Must treat colleagues and other professionals with respect, courtesy and fairness and cooperate in order to serve the best interests of their patients. |
| (j) | Must notify appropriate authorities, including employers and OASAS, when they have direct knowledge of a colleague’s impairment or misconduct which interferes with treatment effectiveness and potentially places patients and others at risk. |
| (k) | Is expected to recognize the effects of their own impairment on professional performance and must not provide services that create conflict of interest or impair work performance and clinical judgment. |
| (l) | Must cooperate with investigations, proceedings, and requirements of OASAS or other authorities which have jurisdiction over those charged with a violation. |
| (m) | Must not participate in the filing of ethics complaints that are frivolous or have a purpose other than to protect the public. |
| (n) | Must assure that financial practices are in accord with professional standards that safeguard the best interests of the patient, the counselor and the profession. |
| (o) | Must take reasonable steps to ensure that documentation in records is accurate, sufficient and timely thereby ensuring appropriateness and continuity of services provided to patients. |
| (p) | Must uphold the legal and accepted moral codes which pertain to professional conduct. |
| (q) | Must recognize the need for ongoing education to maintain current competence, and to improve expertise and skills. |
| (r) | Must acknowledge the limits of present knowledge in public statements concerning alcoholism and substance abuse. The Credentialed Alcoholism and Substance Abuse Counselor must report fairly and accurately the appropriate information, and must acknowledge and document materials and techniques used. |
| (s) | Must assign credit to all who have contributed to the published material and for the work upon which publication is based. |
| (t) | Must strive to inform the public of the effects of alcoholism and substance abuse. The Credentialed Alcoholism and Substance Abuse Counselor must adopt a personal and professional stance which promotes the well-being of the recovery community. |

**CONDUCT COMPETENT AND ETHICAL?**  
☐ Yes  ☐ No  ☐ No Basis for Judgment
## EVALUATOR SUMMARY

Please check one of the following boxes and provide comments below as appropriate.

- [ ] **I ENDORSE THIS APPLICANT.**
  
  I have no reservations regarding the applicant’s professional competency or ethical conduct. The applicant meets or exceeds competency and ethical standards. To the best of my knowledge, the applicant has no current problem with alcohol, other drugs or any other addictions or conditions which might interfere with his/her ability to perform as a CASAC. I have discussed this endorsement with the applicant.

- [ ] **I DO NOT ENDORSE THIS APPLICANT.**
  
  I have serious reservations about the applicant’s professional competency, ethical conduct or other condition which could interfere with his/her ability to perform as a CASAC. I have discussed these reservations with the applicant.

- [ ] **I AM UNABLE TO EVALUATE THIS APPLICANT.**

**COMMENTS:**

<table>
<thead>
<tr>
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<td>Comment 10</td>
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## EVALUATOR ATTESTATION:

I attest that the information I have provided is true and correct to the best of my knowledge. I have directly observed and provided my best independent judgment of the applicant’s work as an **alcoholism and substance abuse counselor**. I have not been influenced by the opinions of any other person. I will not discuss or reveal the content of this evaluation with any person other than the applicant in that I consider it to be confidential and private.

Evaluator Signature  
Date  

PDS-12; (11/10) Page 3 of 3
NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
CREDENTIALED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC) APPLICATION

PART B – EVALUATION OF COMPETENCY AND ETHICAL CONDUCT (Forms must be dated within one year prior to submission. Forms not dated within one year prior to submission cannot be considered.)

APPLICANT CONSENT TO RELEASE INFORMATION (To Be Completed By Applicant – Please Print Clearly)

LAST NAME: ___________________________ FIRST NAME: ___________________________ SSN #: XXX-XX-

By my signature below, I am authorizing the provider/person identified below to provide information and documentation to the New York State Office of Alcoholism and Substance Abuse Services (OASAS).

Applicant Signature ___________________________ Date ___________________________

EVALUATION (To Be Completed By Evaluator – Please Print Clearly)

Information and Instructions to Evaluator: The above-named individual is applying to OASAS to become a CASAC. As part of the application process, the applicant has selected you as one of three persons who is considered competent to judge his/her professional competency and ethical conduct. Be sure that the applicant has signed the above “Applicant Consent to Release Information” allowing you to make available to OASAS any and all information regarding his/her work experience, professional competencies and ethical conduct needed to meet the CASAC eligibility requirements. Please return this completed form to the applicant with any other documentation required. Do not complete the Evaluation of Competency and Ethical Conduct unless the release is signed. If you have any questions related to this form, or to the evaluation process, please contact the OASAS Credentialing Unit at 1-800-482-9564.

EVALUATOR NAME: ___________________________ WORK SITE PH. NUMBER: ( )

CURRENT PROVIDER/EMPLOYER: ___________________________ CURRENT JOB TITLE: ___________________________

MAILING ADDRESS: ___________________________

Street ___________________________ City/Town/Village ___________________________ State ______ Zip Code ______

PROFESSIONAL INFORMATION (Check all credentials or licenses that verify your status as a QHP. Attach a copy of at least one of the current credentials claimed.)

☐ CASAC ☐ Physician ☐ Licensed Psychoanalyst
☐ Licensed Clinical Social Worker ☐ Physician’s Assistant ☐ Therapeutic Recreation Specialist
☐ Licensed Master Social Worker ☐ Registered Professional Nurse ☐ Registered Occupational Therapist
☐ Certified by the National Board for Certified Counselor ☐ Licensed Nurse Practitioner ☐ Certified Rehabilitation Counselor
☐ Licensed Mental Health Counselor ☐ Licensed Psychologist ☐ Licensed Creative Arts Therapist
☐ Licensed Marriage and Family Therapist ☐ Other: ___________________________

As a QHP, I have had at least one year of experience in the treatment of alcoholism and/or substance abuse and have completed a formal training program in the treatment of alcoholism and substance abuse in accordance with Part 853 Credentialing of Addiction Professionals regulations.

EVALUATOR KNOWLEDGE OF APPLICANT (Check the box that describes your current relationship to the applicant.)

☐ Current Clinical Supervisor ☐ Former Clinical Supervisor ☐ Co-Worker ☐ Other: ___________________________

Period covered in professional relationship with applicant (six month minimum) – month and year: ___________________________ to ___________________________.

Your Employer During Professional Relationship: ___________________________

Your Job Title During Professional Relationship: ___________________________

Applicant’s Employer During Professional Relationship: ___________________________

Applicant’s Job Title During Professional Relationship: ___________________________

THE REVERSE SIDE MUST BE COMPLETED IN ITS ENTIRETY
EVALUATION OF APPLICANT'S ALCOHOLISM AND SUBSTANCE ABUSE COUNSELING COMPETENCY AND ADHERENCE TO THE CANON OF ETHICAL PRINCIPLES LISTED BELOW:

(a) Must practice objectivity and integrity; maintain the highest standards in the services offered; respect the values, attitudes and opinions of others; and provide services only in an appropriate professional relationship.

(b) Must not discriminate in work-related activities based on race, religion, age, gender, disabilities, ethnicity, national origins, sexual orientation, economic condition or any other basis proscribed by law.

(c) Must respect the integrity and protect the welfare of the person or group with whom the counselor is working.

(d) Must embrace, as a primary obligation, the duty of protecting the privacy of patients and must not disclose confidential information or records under his/her control in strict accordance with federal, state and local laws.

(e) Must not engage in relationships with patients, former patients or significant others in which there is a risk of exploitation or potential harm to the patient.

(f) Must not engage in any sexual activity with current or former patients or their significant others.

(g) Must not knowingly engage in behavior that is harassing or demeaning, including, but not limited to, sexual harassment.

(h) Must not exploit patients or others over whom they have a position of authority.

(i) Must treat colleagues and other professionals with respect, courtesy and fairness and cooperate in order to serve the best interests of their patients.

(j) Must notify appropriate authorities, including employers and OASAS, when they have direct knowledge of a colleague's impairment or misconduct which interferes with treatment effectiveness and potentially places patients and others at risk.

(k) Is expected to recognize the effects of their own impairment on professional performance and must not provide services that create conflict of interest or impair work performance and clinical judgment.

(l) Must cooperate with investigations, proceedings, and requirements of OASAS or other authorities which have jurisdiction over those charged with a violation.

(m) Must not participate in the filing of ethics complaints that are frivolous or have a purpose other than to protect the public.

(n) Must assure that financial practices are in accord with professional standards that safeguard the best interests of the patient, the counselor and the profession.

(o) Must take reasonable steps to ensure that documentation in records is accurate, sufficient and timely thereby ensuring appropriateness and continuity of services provided to patients.

(p) Must uphold the legal and accepted moral codes which pertain to professional conduct.

(q) Must recognize the need for ongoing education to maintain current competence, and to improve expertise and skills.

(r) Must acknowledge the limits of present knowledge in public statements concerning alcoholism and substance abuse. The Credentialed Alcoholism and Substance Abuse Counselor must report fairly and accurately the appropriate information, and must acknowledge and document materials and techniques used.

(s) Must assign credit to all who have contributed to the published material and for the work upon which publication is based.

(t) Must strive to inform the public of the effects of alcoholism and substance abuse. The Credentialed Alcoholism and Substance Abuse Counselor must adopt a personal and professional stance which promotes the well-being of the recovery community.
NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
CREDENTIALED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC) APPLICATION

PART B – EVALUATION OF COMPETENCY AND ETHICAL CONDUCT (continued)

EVALUATOR SUMMARY
Please check one of the following boxes and provide comments below as appropriate.

☐ I ENDORSE THIS APPLICANT.
I have no reservations regarding the applicant's professional competency or ethical conduct. The applicant meets or exceeds competency and ethical standards. To the best of my knowledge, the applicant has no current problem with alcohol, other drugs or any other addictions or conditions which might interfere with his/her ability to perform as a CASAC. I have discussed this endorsement with the applicant.

☐ I DO NOT ENDORSE THIS APPLICANT.
I have serious reservations about the applicant's professional competency, ethical conduct or other condition which could interfere with his/her ability to perform as a CASAC. I have discussed these reservations with the applicant.

☐ I AM UNABLE TO EVALUATE THIS APPLICANT.

COMMENTS:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

EVALUATOR ATTESTATION:
I attest that the information I have provided is true and correct to the best of my knowledge. I have directly observed and provided my best independent judgment of the applicant's work as an alcoholism and substance abuse counselor. I have not been influenced by the opinions of any other person. I will not discuss or reveal the content of this evaluation with any person other than the applicant in that I consider it to be confidential and private.

Evaluator Signature  Date

PDS-12; (11/10) Page 3 of 3
PART C – WORK EXPERIENCE

Requirements

You must document a minimum of 6000 hours (approximately three years) of supervised, full-time equivalent experience in an approved work setting as a provider or supervisor of direct patient services. An approved work setting means:

- It is operated by OASAS (a copy of the operating certificate must be included).
- It holds a valid operating certificate or certificate of approval to provide substance abuse or alcoholism services from OASAS issued pursuant to Articles 19, 23, 31 or 32 of the Mental Hygiene Law or a similar license or approval from another state’s chemical dependence or problem gambling authority for the state in which the agency, facility or program is located. A copy of the license/certificate form OASAS must be submitted. For another state, a copy of the certificate of approval, operating certificate or similar license or approval from that state’s alcoholism and substance abuse authority must be submitted (a copy of the operating certificate must be included).
- It is a program that includes alcoholism and/or substance abuse treatment consistent with OASAS’ standards and is licensed and/or operated by another New York State agency (a copy of the operating certificate must be included). [A completed Work Experience Verification Record Addendum [PDS-13.2] must also be submitted]
- It is organized and operated by the federal government, to include the Indian Health Service and Veterans Administration, as a program of chemical dependence or problem gambling services which is consistent with OASAS’ standards. (A completed Work Experience Verification Record Addendum [PDS-13.2] must also be submitted).
- It is a non-certified setting which involves the legal provision of chemical dependence services and which affords: (1) the opportunity to establish proficiency in one or more of the professional competencies associated with a credential administered by OASAS; and (2) on-site supervision by a QHP meeting the supervisory standards established by OASAS. Up to 50 percent of the required work experience may be obtained in this work setting. (A completed Work Setting Certification [PDS-13.3] must also be submitted).

Work experience claimed must:

- include the provision of direct patient services or provision of documented supervision of direct patient services;
- include practice specific to alcoholism and substance abuse counseling in the following professional tasks: diagnostic assessment, evaluation, intervention, referral, and alcoholism and/or substance abuse counseling in both individual and group settings;
- include a minimum of weekly, on-site and documented clinical supervision by a QHP (as defined on page 9);
- must be integrated with the alcoholism and/or substance abuse services delivery system for consultation and referrals;
- include practice in alcoholism and/or substance abuse counseling to establish and maintain recovery and prevent relapse;
- include a minimum of 300 hours of Supervised Practical Training. Each of the following 12 Core Functions must have been performed for a minimum of 10 hours, under the supervision of a Qualified Health Professional:

<table>
<thead>
<tr>
<th>Screening</th>
<th>Orientation</th>
<th>Referral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intake</td>
<td>Assessment</td>
<td>Treatment Planning</td>
</tr>
<tr>
<td>Counseling</td>
<td>Crisis Intervention</td>
<td>Patient Education</td>
</tr>
<tr>
<td>Case Management</td>
<td>Reporting and Record Keeping</td>
<td>Consultation with Other Professionals</td>
</tr>
</tbody>
</table>

IMPORTANT: To satisfy the 6000 hour work experience requirement, a minimum of 2000 hours must be gained during the five years prior to the submission of a Work Experience Verification Record. At least 50 percent of the work experience claimed must be obtained in a setting certified by OASAS or another recognized state or Federal authority.
NOTE: OASAS strongly encourages that the majority of your work experience be devoted to the practice of alcoholism and/or substance abuse counseling. Work experience claimed may not include any experience gained during the course of or as part of, or required under, participation as a patient in a formal problem gambling and/or alcoholism and/or substance abuse treatment/aftercare program and/or plan that included problem gambling treatment services.

In addition, the following academic degree substitutions may be claimed toward satisfying the 6000 hour work experience requirement (Please note only one academic degree substitution may be applied):

- An **Associates Degree** in an approved Human Services Field (see below) from an accredited college or institution may be substituted for a maximum of 1000 hours of work experience.
- A **Bachelor’s Degree** in an approved Human Services Field (see below) may be substituted for a maximum of 2000 hours of work experience.
- A **Master’s (or higher) Degree** in an approved Human Services Field (see below) from an accredited college or institution may be substituted for 4000 hours of work experience.

*Below are examples of approved Human Services fields:

<table>
<thead>
<tr>
<th>Field</th>
<th>Field</th>
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</thead>
<tbody>
<tr>
<td>Anthropology</td>
<td>Human Services</td>
</tr>
<tr>
<td>Art/Dance Therapy</td>
<td>Music Therapy</td>
</tr>
<tr>
<td>Audiology</td>
<td>Nursing/Medicine</td>
</tr>
<tr>
<td>Child Development/Family Relations</td>
<td>Nutrition</td>
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<td>Community Mental Health</td>
<td>Occupational Therapy</td>
</tr>
<tr>
<td>Chemical Dependence Administration</td>
<td>Pastoral Counseling</td>
</tr>
<tr>
<td>Counseling/Guidance</td>
<td>Physical Therapy</td>
</tr>
<tr>
<td>Criminal Justice</td>
<td>Psychology</td>
</tr>
<tr>
<td>Divinity/Religion/Theology</td>
<td>Recreational Therapy</td>
</tr>
<tr>
<td>Drama Therapy</td>
<td>Rehabilitation Counseling</td>
</tr>
<tr>
<td>Education</td>
<td>Social Work</td>
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<td>Sociology</td>
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<td>Health Administration</td>
<td>Special Education</td>
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<td>Health Education</td>
<td>Vocational Counseling</td>
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<tr>
<td>Speech Pathology</td>
<td></td>
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</tbody>
</table>

*Other degrees may be considered if at least 50% of the coursework is in Human Services.

NOTE: Substitution of an Associate’s Degree, Bachelor’s Degree or Master’s (or higher) Degree in an approved Human Services Field for work experience must be supported by either an academic transcript or a copy of your diploma which clearly states the approved Human Services Field.
PART C – WORK EXPERIENCE (continued)

It is very important to note the following:

- At least 50 percent of the work experience claimed must be obtained in a setting certified by OASAS or another recognized state or Federal authority.
- A formal internship or formal field placement may be claimed as work experience or education and training, but not both. You should calculate the need to claim a formal internship or formal field placement as either work experience or education and training.
- If claiming volunteer work experience hours, it is important to note that a formal volunteer agreement is a written document between an individual and an organization which outlines a specific timeframe during which a defined scope of work will be performed, indicating appropriate supervisory oversight, and the availability of specific educational instruction.
- Work experience claimed may not include any experience gained during the course of or as part of, or required under, the applicant's participation as a patient in a formal alcoholism and/or substance abuse treatment/aftercare program and/or plan.

Work Experience Verification Record

- Make sufficient copies of Part C Work Experience Verification Record forms to accommodate the number of providers/employers from which work experience and/or Supervised Practical Training hours are being claimed.
- If you are claiming paid work experience, please have the Qualified Health Professional Complete the Paid Work Experience Record (PDS 13).
- If you are claiming non-paid/volunteer work experience, please have the Qualified Health Professional Complete the Volunteer Work Experience Record (PDS 13.1).
- If work experience being claimed is from Work Setting #3 or #4, please have the Executive Director of the program complete the Work Experience Verification Record Addendum Form (PDS-13.2) in addition to the Work Experience Verification Record (PDS-13 or PDS 13.1)
- If work experience being claimed is from Work Setting #5, please have the Executive Director complete the Work Setting Certification Form (PDS-13.3) in addition to the Work Experience Verification Record (PDS-13 or PDS 13.1)
- Complete the Applicant Consent to Release Information section of Part C (Work Experience Verification Record) and provide the form to your supervisor for each provider/employer from which work experience and/or Supervised Practical Training hours are being claimed.
- Each supervisor must be a QHP. Request that the supervisor complete and return to you the form with a copy of their current license.
- Upon receiving the supervisor's certification, give the form to an authorized Human Resources Department Representative to obtain certification.
NOTE:

IF YOU ARE CLAIMING PAID WORK EXPERIENCE, PLEASE COMPLETE THE PAID WORK EXPERIENCE VERIFICATION RECORD [PDS 13] ON PAGES 22, 23 AND 24

(THIS FORM CAN BE FOUND ON THE FOLLOWING PAGE)
NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES  
CREDENTIALED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC) APPLICATION

PART C – PAID WORK EXPERIENCE VERIFICATION RECORD

APPLICANT CONSENT TO RELEASE INFORMATION (To Be Completed By Applicant – Please Print Clearly)

LAST NAME: __________________________  FIRST NAME: __________________________  SSN #: XXX-XX-

By my signature below, I am authorizing the provider/person identified below to provide information and documentation to the New York State Office of Alcoholism and Substance Abuse Services (OASAS). I attest that the work experience hours claimed were NOT gained during the course of or as part of the applicant’s participation as a patient in a formal alcoholism and/or substance abuse treatment/aftercare program and/or plan.

Applicant Signature __________________________  Date __________________________

PAID WORK EXPERIENCE VERIFICATION (To Be Completed By Employer – Please Print Clearly)

Information and Instructions to Supervisor/Employer: Please complete this form which reflects your knowledge of the applicant’s work experience and/or supervised practical training while employed at the work setting indicated. Be sure that the applicant has signed the above “Applicant Consent to Release Information” allowing you to make available to OASAS any and all information regarding his/her work experience needed to meet the CASAC eligibility requirements. Please return this completed form to the applicant with any other documentation. Do not complete the Work Experience Verification Record unless the release is signed. If you have any questions related to this form, or to the evaluation process, please contact the OASAS Credentialing Unit at 1-800-482-9564.

PROVIDER/EMPLOYER NAME: __________________________

UNIT WHERE APPLICANT WORKED: __________________________  WORK SITE TELEPHONE NUMBER: ( )

MAILING ADDRESS: __________________________  __________________________  __________________________  __________________________

Street  City/Town/Village  State  Zip Code

TYPE OF WORK SETTING (check only one):

1. It is operated by OASAS; (attach a copy of the operating certificate) __________

2. It holds a valid operating certificate or certificate of approval to provide substance abuse or alcoholism services from OASAS issued pursuant to Articles 19, 23, 31 or 32 of the Mental Hygiene Law or a similar license or approval from another state’s chemical dependence or problem gambling authority for the state in which the agency, facility or program is located. A copy of the license/certificate from OASAS must be submitted. For another state, a copy of the certificate of approval, operating certificate or similar license or approval from that state’s alcoholism and substance abuse authority must be submitted; (attach a copy of the operating certificate) __________

3. It is a program that includes alcoholism and/or substance abuse treatment consistent with OASAS’ standards and is licensed and/or operated by another New York State agency; (attach a copy of the operating certificate) **

4. It is organized and operated by the federal government, to include the Indian Health Service and Veterans Administration, as a program of chemical dependence or problem gambling services which is consistent with OASAS’ standards. __________

5. It is a non-certified setting which involves the legal provision of chemical dependence services and which affords:

   (1) the opportunity to establish proficiency in one or more of the professional competencies associated with a credential administered by OASAS; and __________

   (2) on-site supervision by a qualified health professional meeting the supervisory standards established by OASAS. __________

* NOTE: Part C Work Experience Verification Record Addendum -- Work Setting Certification Record (PDS-13.2) must be completed if the above work setting claimed is #3 OR #4 in addition to the PDS 13 or PDS 13.1.

** NOTE: Part C Work Setting Certification – Work Setting #5 (PDS-13.3) must be completed if the above work setting claimed is number #5 in addition to the PDS-13 or PDS-13.1.

PAGES 1, 2 AND 3 OF THIS FORM MUST BE COMPLETED IN THEIR ENTIRETY

PDS-13; (11/10) Page 1 of 3
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<td>Masters (or higher) 4000</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Dates of Employment</th>
<th>Total Number of Hours Worked</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Applicant Job Responsibilities** -- I certify that, during the dates of employment indicated above, the applicant was responsible for practice in the following areas:

- [ ] Diagnostic Assessment
- [ ] Intervention
- [ ] Alcoholism and/or Substance Abuse Counseling (Individual)
- [ ] Evaluation
- [ ] Referral
- [ ] Alcoholism and/or Substance Abuse Counseling (Group)

I attest that the work experience hours claimed were **NOT** gained during the course of or as part of the applicant's participation as a patient in a formal alcoholism and/or substance abuse treatment/aftercare program and/or plan.

**Name and Job Title of Applicant's Supervisor:**

__________________________

**Signature of Applicant's Supervisor**

__________________________

**Date**

__________________________

**Work Site Telephone Number**

**Human Resources Department (or Equivalent) Authorized Representative Certification** I have reviewed employment records and certify that the information provided on the work experience hours, paid and/or non-paid, of the above-named applicant is true to the best of my knowledge and belief.

**Name and Job Title of Authorized Representative:**

__________________________

**Signature of Authorized Representative**

__________________________

**Date**

__________________________

**Work Site Telephone Number**
### SIGNED APPLICATION FOR CASAC (CASAC) CREDENTIALS

**New York State Office of Alcoholism and Substance Abuse Services**

**Credentialed Alcoholism and Substance Abuse Counselor (CASAC) Application**

**PART C – PAID WORK EXPERIENCE VERIFICATION RECORD (continued)**

**QUALIFIED HEALTH PROFESSIONAL (QHP) SUPERVISOR CERTIFICATION**

**SUPERVISED PRACTICAL TRAINING/SUPERVISOR CERTIFICATION:** Each of the 12 Core Functions must have been performed for a minimum of 10 hours and a total of 300 hours under the supervision of a QHP. These minimum hours may be obtained from one or more supervisor(s)/provider(s)/employer(s). In each of the following 12 Core Functions (areas of professional expertise), I provided supervised practical training to the applicant as part of his/her work experience. I have reviewed our records and certify that the information provided on the supervised practical training of the above-named applicant is true to the best of my knowledge and belief.

**FILL IN THE NUMBER OF SUPERVISED PRACTICAL TRAINING HOURS FOR EACH FUNCTION**

<table>
<thead>
<tr>
<th>Number of Hours</th>
<th>Number of Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening</td>
<td>Crisis Intervention</td>
</tr>
<tr>
<td>Intake</td>
<td>Counseling</td>
</tr>
<tr>
<td>Referral</td>
<td>Patient Education</td>
</tr>
<tr>
<td>Orientation</td>
<td>Assessment, Evaluation and Intervention</td>
</tr>
<tr>
<td>Treatment Planning</td>
<td>Reporting and Record Keeping</td>
</tr>
<tr>
<td>Case Management</td>
<td>Consultation with Other Professionals</td>
</tr>
</tbody>
</table>

**Total Number of Supervised Practical Training Hours:**

---

**QUALIFIED HEALTH PROFESSIONAL CERTIFICATION:** Check all credentials or licenses that verify your status as a Qualified Health Professional. Attach a copy of at least one of the current Credentials or Licenses indicated.

- CASAC
- Licensed Clinical Social Worker
- Licensed Master Social Worker
- Certified by the National Board for Certified Counselors
- Licensed Mental Health Counselor
- Licensed Marriage and Family Therapist
- Physician
- Physician’s Assistant
- Registered Professional Nurse
- Nurse Practitioner
- Licensed Psychologist
- Other: ____________________________
- Licensed Psychoanalyst
- Therapeutic Recreation Specialist
- Occupational Therapist
- Rehabilitation Counselor
- Creative Arts Therapist

**Name and Job Title of Applicant’s Supervisor:**

I attest that, as a QHP, I have had at least one year of experience in the treatment of alcoholism and/or substance abuse, I have completed a formal training program in the treatment of alcoholism and/or substance abuse and that the supervised practical training hours claimed above were NOT gained during the course of or as part of the applicant’s participation as a patient in a formal alcoholism and/or substance abuse treatment/aftercare program and/or plan.

______________________________
Signature of Applicant’s Supervisor

______________________________
Date

______________________________
Work Site Telephone Number

---

PDS-13; (11/10) Page 3 of 3
NOTE:

IF YOU ARE CLAIMING VOLUNTEER NON-PAID WORK EXPERIENCE, PLEASE COMPLETE THE VOLUNTEER/NON-PAID WORK EXPERIENCE VERIFICATION RECORD [PDS 13.1] ON PAGES 26, 27 AND 28

(THIS FORM CAN BE FOUND ON THE FOLLOWING PAGE)
NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
CREDENTIALED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC) APPLICATION

PART C – VOLUNTEER/NON-PAID WORK EXPERIENCE VERIFICATION RECORD

APPLICANT CONSENT TO RELEASE INFORMATION (To Be Completed By Applicant – Please Print Clearly)

LAST NAME: ___________________________ FIRST NAME: ___________________________ SSN #: XXX-XX-

By my signature below, I am authorizing the provider/person identified below to provide information and documentation to the New York State Office of Alcoholism and Substance Abuse Services (OASAS). I attest that the volunteer work experience hours claimed were NOT gained during the course of or as part of the applicant’s participation as a patient in a formal alcoholism and/or substance abuse treatment/aftercare program and/or plan.

Applicant Signature

Date

VOLUNTEER/NON-PAID WORK EXPERIENCE VERIFICATION (To Be Completed By Employer – Please Print Clearly)

Information and Instructions to Supervisor/Employer: Please complete this form which reflects your knowledge of the applicant’s work experience and/or supervised practical training while employed at the work setting indicated. Be sure that the applicant has signed the above “Applicant Consent to Release Information” allowing you to make available to OASAS any and all information regarding his/her volunteer work experience needed to meet the CASAC eligibility requirements. Please return this completed form to the applicant with any other documentation. Do not complete the Volunteer Work Experience Verification Record unless the release is signed. If you have any questions related to this form, or to the evaluation process, please contact the OASAS Credentialing Unit at 1-800-482-9564.

PROVIDER/Employer NAME: ___________________________

UNIT WHERE APPLICANT VOlUNTEERED: ____________________________

WORK SITE TELEPHONE NUMBER: ( )

MAILING ADDRESS:

Street ____________________________ City/Town/Village ____________________________ State ___________ Zip ___________

TYPE OF WORK SETTING (check only one):

1. It is operated by OASAS; (attach a copy of the operating certificate)

2. It holds a valid operating certificate or certificate of approval to provide substance abuse or alcoholism services from OASAS issued pursuant to Articles 19, 23, 31 or 32 of the Mental Hygiene Law or a similar license or approval from another state’s chemical dependence or problem gambling authority for the state in which the agency, facility or program is located. A copy of the license/certificate from OASAS must be submitted. For another state, a copy of the certificate of approval, operating certificate or similar license or approval from that state’s alcoholism and substance abuse authority must be submitted; (attach a copy of the operating certificate)

3. It is a program that includes alcoholism and/or substance abuse treatment consistent with OASAS’ standards and is licensed and/or operated by another New York State agency; (attach a copy of the operating certificate)

4. It is organized and operated by the federal government, to include the Indian Health Service and Veterans Administration, as a program of chemical dependence or problem gambling services which is consistent with OASAS’ standards.

5. It is a non-certified setting which involves the legal provision of chemical dependence services and which affords:

   (1) the opportunity to establish proficiency in one or more of the professional competencies associated with a credential administered by OASAS; and

   (2) on-site supervision by a qualified health professional meeting the supervisory standards established by OASAS.

   * NOTE: Part C Work Experience Verification Record Addendum – Work Setting Certification Record (PDS 13.2) must be completed if the above work setting claimed is #3 OR #4 in addition to the Work Experience Verification Record (PDS 13).

   ** NOTE: Part C Work Setting Certification – Work Setting #5 (PDS 13.3) must be completed if the above work setting claimed is number 5 in addition to the Work Experience Verification Record (PDS-13).

PAGES 1, 2 AND 3 OF THIS FORM MUST BE COMPLETED IN THEIR ENTIRETY
### PART C – VOLUNTEER WORK EXPERIENCE VERIFICATION RECORD

**APPLICANT'S WORK EXPERIENCE SUBSTITUTION** (if applicable):

<table>
<thead>
<tr>
<th>Accredited College or Institution</th>
<th>Year Degree Conferred</th>
<th>Degree Major</th>
<th>Type of Degree and Work Experience Substitution Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>➢ Associates/1000 Hours</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>➢ Bachelors/2000 Hours</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>➢ Masters (or higher)4000</td>
</tr>
</tbody>
</table>

**APPLICANT'S VOLUNTEER SERVICE** (includes Supervised Practical Training):

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Dates of Volunteer Service</th>
<th>Total Number of Hours Volunteered</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Applicant Job Responsibilities -- I Certify that, during the dates of employment indicated above, the applicant was responsible for practice in the following areas:

- [ ] Diagnostic Assessment
- [ ] Intervention
- [ ] Alcoholism and/or Substance Abuse Counseling (Individual)
- [ ] Evaluation
- [ ] Referral
- [ ] Alcoholism and/or Substance Abuse Counseling (Group)

I understand that a formal volunteer agreement is a written document between an individual and an organization which outlines a specific timeframe during which a defined scope of work will be performed, indicating appropriate supervisory oversight, and the availability of specific educational instruction.

I attest that the volunteer work experience hours claimed were **NOT** gained during the course of or as part of the applicant's participation as a patient in a formal alcoholism and/or substance abuse treatment/aftercare program and/or plan.

**Name and Job Title of Applicant's Supervisor:**

[Signature]

**Signature of Authorized Representative**

[Signature]

**Work Site Telephone Number**

**HUMAN RESOURCES DEPARTMENT (OR EQUIVALENT) AUTHORIZED REPRESENTATIVE CERTIFICATION.** I have reviewed employment records and certify that the information provided on the work experience hours, paid and/or non-paid, of the above-named applicant is true to the best of my knowledge and belief.

**Name and Job Title of Authorized Representative:**

[Signature]

**Signature of Applicant's Supervisor**

[Signature]
**NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES**  
**CREDENTIALED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC) APPLICATION**

### PART C – VOLUNTEER WORK EXPERIENCE VERIFICATION RECORD (continued)

#### QUALIFIED HEALTH PROFESSIONAL (QHP) SUPERVISOR CERTIFICATION

Supervised Practical Training/Supervisor Certification: Each of the 12 Core Functions must have been performed for a minimum of 10 hours and a total of 300 hours under the supervision of a QHP. These minimum hours may be obtained from one or more supervisor(s)/provider(s)/employer(s). In each of the following 12 Core Functions (areas of professional expertise), I provided supervised practical training to the applicant as part of his/her volunteer work experience. I have reviewed our records and certify that the information provided on the supervised practical training of the above-named applicant is true to the best of my knowledge and belief.

**FILL IN THE NUMBER OF SUPERVISED PRACTICAL TRAINING HOURS FOR EACH FUNCTION**  
(Must Be Specific to Alcoholism and Substance Abuse Counseling)

<table>
<thead>
<tr>
<th>Number of Hours</th>
<th>Number of Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening</td>
<td>Crisis Intervention</td>
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<td>Intake</td>
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<td>Treatment Planning</td>
<td>Reporting and Record Keeping</td>
</tr>
<tr>
<td>Case Management</td>
<td>Consultation with Other Professionals</td>
</tr>
</tbody>
</table>

**Total Number of Supervised Practical Training Hours:** __________

#### QUALIFIED HEALTH PROFESSIONAL CERTIFICATION: Check all credentials or licenses that verify your status as a Qualified Health Professional.  
Attach a copy of at least one of the current Credentials or Licenses indicated.

- [ ] CASAC
- [ ] Licensed Clinical Social Worker
- [ ] Licensed Master Social Worker
- [ ] Certified by the National Board for Certified Counselor
- [ ] Licensed Mental Health Counselor
- [ ] Licensed Marriage and Family Therapist
- [ ] Physician
- [ ] Physician’s Assistant
- [ ] Registered Professional Nurse
- [ ] Nurse Practitioner
- [ ] Licensed Psychologist
- [ ] Other: __________

**Name and Job Title of Applicant’s Supervisor:** __________

I attest that, as a QHP, I have had **at least** one year of experience in the treatment of alcoholism and/or substance abuse, and I have completed a formal training program in the treatment of alcoholism and/or substance abuse. The supervised practical training hours claimed were earned as part of a formal volunteer agreement between the applicant and this program, included necessary didactic education from both internal and external sources and were **NOT** gained during the course of or as part of the applicant’s participation as a patient in a formal alcoholism and/or substance abuse treatment/aftercare program and/or plan.

Signature of Applicant’s Supervisor __________  
Date __________  
Work Site Telephone Number __________

PDS-13.1 (11/10) Page 3 of 3
NOTE:

HAS WORK SETTING “TYPE #3 OR #4” BEEN CHOSEN ON PAGE 22 [FORM #PDS-13] OR PAGE 26 [FORM PDS-13.1]?

IF SO, THE PROGRAM’S EXECUTIVE DIRECTOR MUST COMPLETE THE “WORK EXPERIENCE ADDENDUM FORM” ON PAGES 30 AND 31 [FORM #PDS 13.2].

(THIS FORM CAN BE FOUND ON THE FOLLOWING PAGE)
PART C – WORK EXPERIENCE VERIFICATION RECORD ADDENDUM

TO BE COMPLETED BY THE APPLICANT IF THE WORK SETTING INDICATED ON PAGES 22 OR 26 OF THIS APPLICATION [FORM PDS-13] OR [PDS-13.1] IS EITHER #3 OR #4

APPLICANT CONSENT TO RELEASE INFORMATION

By my signature below, I am authorizing the person identified below to provide information and documentation to the New York State Office of Alcoholism and Substance Abuse Services (OASAS).

<table>
<thead>
<tr>
<th>Name (Print)</th>
<th>Applicant’s Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

*** TO BE COMPLETED BY EXECUTIVE DIRECTOR ***

In order to establish that the work experience claimed by the above applicant in a non-certified setting, OASAS requires a signed certification from the Executive Director of the program. Be sure that the Applicant has signed the above “Applicant Consent To Release Information” allowing you to make available to OASAS any and all information regarding his/her work experience needed to meet the CASAC eligibility requirements. Please return this completed form to the Applicant with any other documentation required. If you have questions related to the form, please contact the OASAS Credentialing Unit at 1-800-482-8564.

DO NOT COMPLETE THE WORK SETTING CERTIFICATION UNLESS THE RELEASE IS SIGNED.

WORK SETTING CERTIFICATION (Please Print Clearly)

<table>
<thead>
<tr>
<th>Provider/Employer Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider/Employer Address:</td>
</tr>
<tr>
<td>Program/Unit Where Applicant Worked:</td>
</tr>
<tr>
<td>Work Site Telephone Number: ( )</td>
</tr>
</tbody>
</table>

TYPE OF WORK SETTING (CHECK ONLY ONE)

3.  [ ] IT IS A PROGRAM THAT INCLUDES ALCOHOLISM AND/OR SUBSTANCE ABUSE TREATMENT CONSISTENT WITH OASAS' STANDARDS AND IS LICENSED AND/OR OPERATED BY ANOTHER NEW YORK STATE AGENCY;

4.  [ ] IT IS ORGANIZED AND OPERATED BY THE FEDERAL GOVERNMENT, TO INCLUDE THE INDIAN HEALTH SERVICE AND VETERANS ADMINISTRATION, AS A PROGRAM OF CHEMICAL DEPENDENCE OR PROBLEM GAMBLING SERVICES WHICH IS CONSISTENT WITH OASAS' STANDARDS.

I VERIFY THAT THE WORK SETTING IDENTIFIED INCLUDES ALL OF THE FOLLOWING CLINICAL SERVICES AND ACTIVITIES:

- **DIAGNOSTIC ASSESSMENT**, WHICH INCLUDES:
  - A DETERMINATION OF AN INDIVIDUAL’S NEED FOR ALCOHOLISM AND SUBSTANCE ABUSE SERVICES.

- **EVALUATION**, WHICH INCLUDES:
  - THE IDENTIFICATION OF THE CHARACTERISTICS AND CONDITIONS OF THE INDIVIDUAL, SUPPORTING THE DETERMINATION OF THE LEVEL OF CARE MOST APPROPRIATE TO MEET THE INDIVIDUAL’S NEEDS; AND,
  - THE COLLECTION OF NECESSARY INFORMATION TO FORM THE BASIS OF AN INDIVIDUAL TREATMENT PLAN

- **TREATMENT PLANNING**, WHICH INCLUDES:
  - THE DEVELOPMENT OF INDIVIDUALIZED TREATMENT PLANS;
  - THE DEVELOPMENT OF SHORT AND LONG-TERM GOALS, BASED ON THE RESULTS OF AN EVALUATION;
  - THE COORDINATION OF ANCILLARY SERVICES, AND;
  - THE TYPE AND FREQUENCY OF COUNSELING TO BE PROVIDED

- **ALCOHOLISM AND/OR SUBSTANCE ABUSE COUNSELING**, WHICH INCLUDES:
  - INDIVIDUAL AND GROUP COUNSELING;
  - RECOVERY AND RELAPSE PREVENTION AS A PRIMARY GOAL, AND;
  - THE PERIODIC RECORDING OF PROGRESS NOTES RELATED TO TREATMENT PLAN GOALS

INFORMATION ON REVERSE SIDE OF PAGE MUST BE COMPLETED

PDS 13.2 (11/10) Page 1 of 2
NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
CREDENTIALED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC) APPLICATION

PART C – WORK EXPERIENCE VERIFICATION RECORD ADDENDUM - continued

- **REFERRAL ACTIVITIES, WHICH INCLUDE:**  
  - APPROPRIATE INTEGRATION AND LINKAGES WITH THE ALCOHOLISM AND/OR SUBSTANCE ABUSE SERVICES DELIVERY SYSTEM FOR CONSULTATION AND ASSURANCE THAT PATIENTS ARE REFERRED TO THE MOSTLY APPROPRIATE LEVEL OF CARE.

- **DISCHARGE PLANNING, WHICH INCLUDES:**  
  - SPECIFIC REFERRALS WITH IDENTIFIED PROVIDERS OF SERVICE, AS NECESSARY, AND;
  - AN INDIVIDUALIZED RELAPSE PREVENTION PLAN.

- **CLINICAL SUPERVISION, WHICH INCLUDES:**  
  - ON-SITE SUPERVISION TO CLINICAL STAFF BY A QUALIFIED HEALTH PROFESSIONAL.

A PERSON IS GUILTY OF OFFERING A FALSE INSTRUMENT FOR FILING IN THE FIRST DEGREE WHEN, KNOWING THAT A WRITTEN INSTRUMENT CONTAINS A FALSE STATEMENT OR FALSE INFORMATION AND, WITH INTENT TO DEFLAUD THE STATE OR ANY POLITICAL SUB-DIVISION THEREOF, HE/SHE OFFERS OR PRESENTS IT TO A PUBLIC OFFICE OR PUBLIC SERVANT WITH THE KNOWLEDGE OR BELIEF THAT IT WILL BE FILED WITH, REGISTERED OR RECORDED IN OR OTHERWISE BECOME PART OF THE RECORDS OF SUCH PUBLIC OFFICE OR PUBLIC SERVANT.

OFFERING A FALSE INSTRUMENT FOR FILING IN THE FIRST DEGREE IS A CLASS E FELONY.

<table>
<thead>
<tr>
<th>NAME OF EXECUTIVE DIRECTOR</th>
<th>SIGNATURE OF EXECUTIVE DIRECTOR</th>
<th>DATE</th>
</tr>
</thead>
</table>

THIS FORM IS TO BE COMPLETED ONLY IF TYPE OF WORK SETTING INDICATED ON PDS-13 IS #3 OR #4

PLEASE RETURN THIS COMPLETED FORM TO THE APPLICANT WITH ANY OTHER DOCUMENTATION REQUIRED.
NOTE:
HAS WORK SETTING "TYPE #5" BEEN CHOSEN ON PAGE 22 [FORM #PDS-13] OR [FORM PDS-13.1] ON PAGE 26?

IF SO, THE PROGRAM'S EXECUTIVE DIRECTOR MUST COMPLETE THE "WORK SETTING CERTIFICATION FORM" ON PAGE 33 [FORM #PDS 13.3].

(THIS FORM CAN BE FOUND ON THE FOLLOWING PAGE)
**NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES**  
**CREDENTIALED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC) APPLICATION**

### PART C – WORK SETTING CERTIFICATION FORM  
Work Setting #5


**APPLICANT TO RELEASE INFORMATION**

By my signature below, I am authorizing the person identified below to provide information and documentation to the New York State Office of Alcoholism and Substance Abuse Services (OASAS).

<table>
<thead>
<tr>
<th>Name (Print)</th>
<th>Applicant’s Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

### *** TO BE COMPLETED BY EXECUTIVE DIRECTOR ***

In order to establish that the work experience claimed by the above applicant in a non-certified setting, OASAS requires a signed certification from the Executive Director of the program. Be sure that the Applicant has signed the above “Applicant Consent To Release Information” allowing you to make available to OASAS any and all information regarding his/her work experience needed to meet the CASAC eligibility requirements. Please return this completed form to the Applicant with any other documentation required. If you have questions related to the form, please contact the OASAS Credentialing Unit at 1-800-482-9564 (Option #2).

**DO NOT COMPLETE THE WORK SETTING CERTIFICATION UNLESS THE RELEASE IS SIGNED.**

**WORK SETTING CERTIFICATION (Please Print Clearly)**

- **Provider/Employer Name:**
- **Provider/Employer Address:**
- **Program/Unit Where Applicant Worked:**
- **Work Site Telephone Number:**

I certify that the above-named program is a non-certified setting which involves the legal provision of chemical dependence services and which affords:

1. The opportunity to establish proficiency in one or more of the professional competencies associated with a credential administered by OASAS. **Check only those that apply. It is important to note that checking all of the competencies would mean that your program must be licensed to provide the entire range of services.**

   - [ ] Screening
   - [ ] Intake
   - [ ] Orientation
   - [ ] Assessment, Evaluation And Intervention
   - [ ] Referral
   - [ ] Crisis Intervention
   - [ ] Patient Education
   - [ ] Case Management
   - [ ] Reporting And Record Keeping
   - [ ] Consultation With Other Professionals

**NOTE:** In accordance with Mental Hygiene Law 32.05 it is important to note that if you are providing **either** of the below competencies, your program may require certification by OASAS:

- [ ] Individual/Group Counseling (Chemical Dependence)
- [ ] Treatment Planning

2. **On-site supervision by a qualified health professional** meeting the supervisory standards established by the office (clinical supervision is defined as structured, regularly scheduled and delivered supervision focused on clinical skill development and application of evidence based practices with the intent of improving practice performance and outcomes with clients).

<table>
<thead>
<tr>
<th>Name of Executive Director</th>
<th>Signature of Executive Director</th>
<th>Date</th>
</tr>
</thead>
</table>
PART D  EDUCATION AND TRAINING

You must document completion of education and training consisting of a minimum of 350 clock hours which address the full range of knowledge, skills and professional techniques related to chemical dependence counseling.

In order to best prepare for the written examination, OASAS strongly encourages that you have completed education and training which has provided you with:

- Knowledge of the variety of models and theories of addiction and other chemical abuse and/or dependence related problems.
- Knowledge of the social, political, economic and cultural context within which chemical abuse and/or dependence exists.
- Knowledge of the behavioral, psychological, physical health and social effects of chemical abuse and/or dependence on the patient and significant others.
- Skill in recognizing the potential for chemical abuse and/or dependence disorders to mimic a variety of medical and psychological disorders and the potential for medical and psychological disorders to coexist with chemical abuse and/or dependence.
- Knowledge of the philosophies, practices, policies and outcomes of the most generally accepted models of treatment, recovery, relapse prevention and continuing care for chemical abuse and/or dependence related problems.
- Knowledge of the importance of family, social networks and community systems in the treatment and recovery process.
- Understanding of the value of an interdisciplinary approach to chemical abuse and/or dependence treatment.
- Skill in using the established diagnostic criteria for chemical abuse and/or dependence and understanding of the variety of treatment options and placement criteria within the continuum of care.
- Ability to utilize various counseling strategies and develop treatment plans based on the patient’s stage of dependence or recovery.
- Knowledge of the medical and pharmaceutical resources in the treatment of chemical abuse and/or dependence.
- Ability to incorporate the special needs of diverse racial and ethnic cultures and special populations into clinical practice, including their distinct patterns of communication.
- Understanding of the obligation of the CASAC to engage in prevention, as well as treatment techniques.
- Knowledge of the obligations of a CASAC to adhere to generally accepted ethical and behavioral standards of conduct in the counseling relationship.
- Proficiency in English including the ability to speak, write, comprehend aurally and read at a minimum level necessary to perform as a CASAC.
Minimum Requirements

- **SECTION I -- 85 Clock Hours Specific to the Knowledge of Alcoholism and Substance Abuse.** (Must include a minimum of four hours of training related to tobacco use and nicotine dependence).

  Examples of appropriate education and training in this Section include:
  - Basic Knowledge: Physical and Pharmacological Effects
  - Diversity of Intervention and Treatment Approaches
  - Knowledge of 12 Step and Mutual Aid Groups
  - Tobacco Use and Nicotine Dependence

- **SECTION II -- 150 Clock Hours Related to Alcoholism and Substance Abuse Counseling.** (Must include 15 hours of Cultural Competence training).

  Examples of appropriate education and training in this Section include:
  - Individual Counseling
  - Group Counseling
  - Counseling Special Populations
  - Relapse Prevention
  - Cultural Competence Training
  - Vocational Education Counseling
  - Human Growth and Development
  - Communicable Diseases: HIV/AIDS, STDs, TB, Hepatitis
  - Effects on Family -- Counseling Families and Significant Others

- **SECTION III -- 70 Clock Hours Related to Assessment; Clinical Evaluation; Treatment Planning; Case Management; and Patient, Family and Community Education.**

  Examples of appropriate education and training in this Section include:
  - Assessment and Evaluation
  - Case Management and Referral
  - Treatment Planning, Client Record Keeping and Discharge Planning
  - Patient, Family and Community Education and Prevention

- **SECTION IV -- 45 Clock Hours Related to Professional and Ethical Responsibilities.** (Must include a minimum of two hours of Child Abuse and Maltreatment: Mandated Reporter training and 15 hours specific to Ethics for Addiction Professionals).

  Examples of appropriate education and training in this Section include:
  - Counselor Ethics
  - Confidentiality/Legal Issues
  - Ethics for Addiction Professionals
  - Counselor-Client Relationships
  - Counselor Wellness

**NOTE:** Included with the Education and Training Record for each Section are the Education and Training compliance protocols which describe appropriate education and training in greater detail.

Effective September 1, 2006, relevant course work/training will only be accepted from Education and Training Providers certified by the New York State Office of Alcoholism and Substance Abuse Services using a standardized Certificate of Completion. OASAS will consider education and training obtained through accredited colleges or universities; governmental agencies; or distance learning courses approved by appropriate certifying bodies. A maximum of 30 clock hours may be accepted for documented participation in pre-approved conference workshops.

There is no limit on the number of clock hours completed through distance learning. However, OASAS will only consider distance learning course work completed through the following entities:

- accredited colleges or universities;
- National Addiction Technology Transfer Center-approved distance education sponsors (www.nattc.org); and/or
- OASAS-certified education and training providers.
Minimum Requirements (continued)

Please note that a formal internship or formal field placement may be claimed as either:

- education and training (based on the academic credit associated with completion, not the number of hours served in the field); or
- work experience.

You should calculate the need to claim a formal internship or formal field placement as either work experience or education and training (you may not claim as both).

All education and training must be claimed in clock hours, determined as follows:

- **Clock Hours** = The actual number of hours documented for the education and training received.

  **Example:**
  
  9:00 to 11:30 = 2.5 clock hours

- **Credit Hours** = Credits awarded after successful completion of an academic course. One college credit (graduate or undergraduate) is equivalent to 15 clock hours.

  **Example:**
  
  3 credits = 45 clock hours

It is important to note that courses taken to prepare for the written examination will not be accepted to satisfy any part of the education and training requirements.

**NOTE:** You must submit documentation to support all education and training being claimed in the form of an academic transcript or certificate which includes your name; the name of the educational institution or provider; title of the course/training; date of completion; and number of clock hours associated with completion of the course/training.

**Instructions for Completing Part D (Education and Training Record)**

1. Enter your name on each page of Part D (Education and Training Record).

2. For all education and training clock hours being claimed, enter the following information:

   - educational institution or provider
   - title of the course/training
   - date of completion
   - number of clock hours being claimed

3. Tally the Clock Hours column for Sections I, II, III and IV of Part D (Education and Training Record). In the box designated for Grand Total, enter the total number of clock hours being claimed for each Section.

4. Attach documentation (academic transcript, certificate or letter of completion) to support education and training claimed in Part D (Education and Training).

**PLEASE NOTE THE FOLLOWING:**

- OASAS reserves the right to verify all information and documents submitted with the Application and/or request any additional information and documents.

- The Application and all information and documents submitted with the Application become the property of OASAS and will not be returned. Keep a copy for your records.
Education and Training Compliance Protocols

Section I – Knowledge of Alcoholism and Substance Abuse (85 clock hours) – Must include a minimum of 4 hours of training related to tobacco use and nicotine dependence.

Section I includes course work that provides knowledge of abused substances and addiction; broad overview of the addiction field, including treatment approaches and modalities; theoretical models applied to understanding abuse and addiction; trends in alcohol and other drug (AOD) use, abuse, addiction and treatment (e.g., physical, psychological, social, cognitive/mental, pharmacological, etc.); and the mutual aid aspects of AOD use, abuse, addiction and treatment. Examples include:

- **Basic Knowledge: Physical and Pharmacological Effects** -- Course work that provides knowledge of AOD (including nicotine) use and abuse; how the brain and other body parts react to AOD ingestion; AOD pharmacology and interaction of AOD with other medications; the nature of addiction; the natural history of alcoholism and other drug dependence; genetic dependence, the Bio-Psycho-Social model of addiction; and particular substances of abuse (e.g., alcohol, amphetamine and related substances, caffeine, cannabis, cocaine, hallucinogens, inhalants, nicotine, opioids, phencyclidine and related substances, sedatives, hypnotics, anxiolytics, etc.).

- **Diversity of Intervention and Treatment Approaches** -- Course work that provides knowledge of specific therapy models; non-traditional treatment methods; and the theory and practice of recognized (i.e., having some basis in literature, research, common or licensed/regulated practice) intervention and treatment approaches; and OASAS licensed and/or funded modalities and therapy models that address AOD-related problems and diagnoses. Examples include:
  - Chemical Dependence Crisis Services
  - Chemical Dependence Residential Rehabilitation Services for Youth
  - Chemical Dependence Inpatient Rehabilitation Services
  - Chemical Dependence Residential Services
  - Residential Chemical Dependency Programs for Youth
  - Non-Medically Supervised Chemical Dependence Outpatient Services
  - Chemical Dependence Outpatient Services
  - Outpatient Chemical Dependency Services for Youth
  - Chemotherapy Substance Abuse Programs
  - Prevention/school/community innovative prevention/intervention programs

- **Knowledge of 12 Step and Mutual Aid Groups** -- Course work that provides knowledge of the 12 Steps (e.g., describes the history, theory/philosophy, principles and practices); mutual aid groups (e.g., Alcoholics Anonymous, Al-Anon, Narcotics Anonymous, etc.); and spiritual aspects of sobriety and recovery.

- **Knowledge of Nicotine Dependence and Tobacco Use** – Course work that provides knowledge in tobacco use, dependence, interventions, treatment and recovery.
### SECTION I -- 85 CLOK HOURS SPECIFIC TO KNOWLEDGE OF ALCOHOLISM AND SUBSTANCE ABUSE
(Must include four hours of training related to tobacco use and nicotine dependence)
(Please see previous page for examples)

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(Must include 4 hours of training related to tobacco use and nicotine dependence)

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SECTION I TOTALS
(Minimum: 85 Clock Hours)
Education and Training Compliance Protocols

Section II – Alcoholism and Substance Abuse Counseling (150 clock hours) – Must include 15 hours specific to Cultural Competence.

Section II includes course work that provides knowledge to enhance skills and abilities to perform as an alcoholism and substance abuse counselor, including those to help counselors develop an understanding of the patient/client. Examples include:

- **Individual Counseling** - Course work that provides knowledge of the essentials of alcoholism and substance abuse counseling with individuals, including the theory and practice of clinical management of the recovery of individuals; counselor communication skills; skills and techniques to help clients overcome the barriers to recovery; application of diagnostic criteria; and dealing with the biological, psychological, social, emotional and spiritual aspects of recovery.

- **Group Counseling** -- Course work that provides knowledge of the essentials of alcoholism and substance abuse counseling with groups of individuals, including group dynamics; group theory; techniques; practices and interventions used in a group setting; and group techniques for specific populations.

- **Effects on Family -- Counseling Families and Significant Others** -- Course work that provides knowledge of the basic theory and skills needed by alcoholism and substance abuse counselors to work effectively with family members, significant others and whole families, including co-dependency; children of alcoholics; genograms; and the application of systems theory as it applies to working with families.

- **Counseling Special Populations** -- Course work that provides knowledge of the specific AOD prevention/treatment needs of particular populations and developing the skills necessary to effectively counsel individuals presenting special needs in addition to AOD problems. “Special population” is defined by race; minority/protected status; ethnicity; gender; religion; legal status; age; and/or other status (e.g., co-existing psychiatric disorder/MICA, elderly, adolescents, racial minorities, women, veterans, trauma survivors, criminal justice-involved, DWI offenders, sexual orientation, disabilities, eating disorders, compulsive gamblers, domestic violence, etc.).

- **Relapse Prevention** -- Course work that provides knowledge of the prevention of an individual relapsing into AOD use once abstinence and a commitment to the recovery process has taken place. There is a focus on the counselor and client planning together to learn the skills necessary to detect and prevent the onset of active AOD use and the consequences of that action.

- **Vocational Education Counseling** -- Course work that provides knowledge and skills required to assist the patient/client recovering from alcoholism and/or substance abuse to enter/re-enter the workforce (e.g., vocational assessment, planning, referral, habilitation/rehabilitation, training, etc.)

- **Communicable Diseases: HIV/AIDS, STDs, TB, Hepatitis** -- Course work that provides knowledge of the etiology, course and prevention/treatment of HIV/AIDS, STDs, TB, Hepatitis and other communicable diseases relevant to the treatment of AOD use and abuse.

- **Human Growth and Development** -- Course work that provides knowledge of the physical, psychological, emotional and spiritual development of human beings.

- **Coursework Specific to Cultural Competence** -- Coursework that provides the ability to interact effectively with people of different cultures. Cultural competence comprises four components: (a) Awareness of one’s own cultural worldview, (b) Attitude towards cultural differences, (c) Knowledge of different cultural practices and worldviews, and (d) cross-cultural skills. Developing cultural competence results in an ability to understand, communicate with, and effectively interact with people across cultures.
PART D – EDUCATION AND TRAINING RECORD (Please Print Clearly)

SECTION II -- 150 CLOCK HOURS RELATED TO ALCOHOLISM AND SUBSTANCE ABUSE COUNSELING
(Must include 15 hours specific to Cultural Competence)
(Please see previous page for examples)

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PDS-14 (11/10)
### SECTION II -- 150 CLOCK HOURS RELATED TO ALCOHOLISM AND SUBSTANCE ABUSE COUNSELING
(Must include 15 hours specific to Cultural Competence)
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**SECTION II TOTALS**  
(Minimum: 150 Clock Hours)

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**DOCUMENTATION TO SUPPORT EDUCATION AND TRAINING BEING CLAIMED IN SECTION II MUST BE ATTACHED TO THIS FORM AND SUBMITTED WITH YOUR APPLICATION.**

PDS-14 (11/10)
Education and Training Compliance Protocols

Section III – Assessment; Clinical Evaluation; Treatment Planning; Case Management; and Patient, Family and Community Education (70 clock hours)

Section III includes course work that provides knowledge to enhance skills to perform as an alcoholism and substance abuse counselor; specifically those to help the counselor develop his/her clinical skills. Examples include:

- **Assessment and Evaluation** -- Course work that provides knowledge of the process of eliciting and compiling information from/about an individual to determine the extent of AOD-related presenting problems, including the knowledge and use of various assessment instruments, interview skills, etc. Also, course work that provides knowledge of the process of evaluating data gathered during the assessment process to enable the alcoholism and substance abuse counselor to make an appropriate diagnosis that reflects the patient's/client's current state of health, including the Addiction Severity Index (ASI) and Level of Care for Alcohol and Drug Treatment Referral (LOCADTR).

- **Case Management and Referral** -- Course work that provides knowledge and develops skills applied to case management, monitoring, evaluating and referring the alcoholism and substance abuse patient/client to appropriate services.

- **Treatment Planning, Client Record Keeping and Discharge Planning** -- Course work that provides knowledge of the development of an alcoholism and substance abuse patient's/client's treatment plan, including components of the treatment plan (e.g., goal setting, objectives, activities, evaluation, etc.) and discharge planning. Also, course work that provides knowledge of the content of a patient/client record and related documentation and record keeping methods.

- **Patient, Family and Community Education and Prevention** -- Course work that provides knowledge of approaches to, and methods for, effective patient, family and community education. Also, course work that provides knowledge of the theories, techniques and models of alcoholism and substance abuse prevention (e.g., precluding, delaying, reducing AOD use and abuse).
### PART D - EDUCATION AND TRAINING RECORD (Please Print Clearly)

**SECTION III -- 70 CLOCK HOURS RELATED TO ASSESSMENT; CLINICAL EVALUATION; TREATMENT PLANNING; CASE MANAGEMENT; AND PATIENT, FAMILY AND COMMUNITY EDUCATION**

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**SECTION III TOTALS**
(Minimum: 70 Clock Hours)

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DOCUMENTATION TO SUPPORT EDUCATION AND TRAINING BEING CLAIMED IN SECTION III MUST BE ATTACHED TO THIS FORM AND SUBMITTED WITH YOUR APPLICATION.
Education and Training Compliance Protocols

Section IV – Professional and Ethical Responsibilities (45 clock hours) – Must include 15 hours specific to Ethics for Addiction Professionals and a minimum of 2 hours in Child Abuse and Maltreatment: Mandated Reporter Training.

Section IV includes course work that provides knowledge of professional and ethical responsibilities for AOD counselors. This includes ethical principles (including the CASAC Canon of Ethical Principles) in the clinical relationship; laws, regulations, program policies and procedures; appropriate and inappropriate counselor-client relationships; and issues related to counselor wellness. Examples include:

- **Counselor Ethics (A minimum of 15 hours must be specific in Ethics for Addiction Professionals)** -- Course work that provides knowledge of ethical principles in the clinical relationship (including the CASAC Canon of Ethical Principles) and the application in the AOD treatment setting.

- **Confidentiality/Legal Issues** -- Course work that provides knowledge of current federal and state laws governing the delivery of alcoholism and substance abuse services, including knowledge of program policies and procedures related to confidentiality, as well as legal issues that impact the alcoholism and substance abuse patient/client.

- **Counselor-Client Relationships** -- Course work that provides knowledge of appropriate and inappropriate alcoholism and substance abuse counselor behaviors and practices in the clinical relationship, including clinical boundaries, transference and counter-transference, therapeutic community, self-disclosure, etc.

- **Counselor Wellness** -- Course work that provides knowledge of alcoholism and substance abuse counselor wellness programs; alcoholism and substance abuse impairment and misconduct and identification of such; and guidelines for determining an appropriate time frame for an alcoholism and substance abuse counselor's return to work as a direct care provider following a period of impairment.

- **Child Abuse and Maltreatment: Mandated Reporter Training** – must be OASAS Approved
### PART D – EDUCATION AND TRAINING RECORD (Please Print Clearly)

#### SECTION IV -- 45 CLOCK HOURS RELATED TO PROFESSIONAL AND ETHICAL RESPONSIBILITIES

(Must include a minimum of two hours of OASAS Approved Child Abuse and Maltreatment: Mandated Reporter training and a minimum of 15 hours in Ethics for Addiction Professionals)

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# NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
## CREDENTIALED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC) APPLICATION

### PART D – EDUCATION AND TRAINING RECORD (Please Print Clearly)

**SECTION IV -- 45 CLOCK HOURS RELATED TO PROFESSIONAL AND ETHICAL RESPONSIBILITIES**
(Must include a minimum of 2 hours of OASAS Approved Child Abuse and Maltreatment: Mandated Reporter training and a minimum of 15 hours in Ethics for Addiction Professionals)
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**SECTION IV TOTALS**
(Minimum: 45 Clock Hours)

TOTAL THIS PAGE

TOTAL PREVIOUS PAGE

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**DOCUMENTATION TO SUPPORT EDUCATION AND TRAINING BEING CLAIMED IN SECTION IV MUST BE ATTACHED TO THIS FORM AND SUBMITTED WITH YOUR APPLICATION.**
NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
CREDENTIALED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC) APPLICATION

CASAC APPLICATION CHECKLIST

Did you remember to:

☐ Complete, sign and date Part A (Application Summary)?

☐ Attach, the non-refundable $100 Application Processing Fee in the form of a certified check or money order made payable to NYS OASAS, to Part A (Application Summary)?

REMINDER: PERSONAL CHECKS CANNOT BE ACCEPTED, WILL BE RETURNED AND WILL DELAY PROCESSING OF YOUR APPLICATION.

☐ Attach to Part A (Application Summary) documentation which verifies completion of the level of education you claimed?

☐ Include the $100 Application Processing Fee?

☐ Attach all requested documentation related to felonies and/or reportable misdemeanors?

☐ Include, as part of your Application, three completed Evaluations of Competency and Ethical Conduct and any other documentation required?

☐ Complete Part C - Work Experience Verification Record(s) and any other documentation required?

☐ Complete Part D (Education and Training Records) and attach supporting documentation for education and training being claimed?

☐ Make a copy of your completed application, including all documentation and attachments, for your records?

IN ORDER TO MAINTAIN THE ACCURACY OF OUR DATABASE, PLEASE REPORT ALL CHANGES, IN YOUR NAME AND/OR ADDRESS WITHIN TEN BUSINESS DAYS, IN WRITING TO NYS OASAS, ATTENTION CREDENTIALING UNIT, 1450 WESTERN AVE., ALBANY, NY 12203. ALTERNATIVELY, YOU MAY REQUEST A CHANGE OF ADDRESS BY E-MAILING THE CREDENTIALING UNIT AT:

credentialing@oasas.state.ny.us

REMINDER:
MAKE A COPY OF YOUR COMPLETED APPLICATION, INCLUDING ALL DOCUMENTATION AND ATTACHMENTS, FOR YOUR RECORDS.
IF YOUR APPLICATION EXPIRES BEFORE FULFILLING ALL THE REQUIREMENTS, YOU WILL BE REQUIRED TO SUBMIT A NEW APPLICATION AND ALL ASSOCIATED DOCUMENTATION.
The CASAC must:

(1) Must practice objectivity and integrity; maintain the highest standards in the services offered; respect the values, attitudes and opinions of others; and provide services only in an appropriate professional relationship.

(2) Must not discriminate in work-related activities based on race, religion, age, gender, disabilities, ethnicity, national origins, sexual orientation, economic condition or any other basis proscribed by law.

(3) Must respect the integrity and protect the welfare of the person or group with whom the counselor is working.

(4) Must embrace, as a primary obligation, the duty of protecting the privacy of patients and must not disclose confidential information or records under his/her control in strict accordance with federal, state and local laws.

(5) Must not engage in relationships with patients, former patients or significant others in which there is a risk of exploitation or potential harm to the patient.

(6) Must not engage in any sexual activity with current or former patients or their significant others.

(7) Must not knowingly engage in behavior that is harassing or demeaning, including, but not limited to, sexual harassment.

(8) Must not exploit patients or others over whom they have a position of authority.

(9) Must treat colleagues and other professionals with respect, courtesy and fairness and cooperate in order to serve the best interests of their patients.

(10) Must notify appropriate authorities, including employers and OASAS, when they have direct knowledge of a colleague’s impairment or misconduct which interferes with treatment effectiveness and potentially places patients and others at risk.

(11) Is expected to recognize the effects of their own impairment on professional performance and must not provide services that create conflict of interest or impair work performance and clinical judgment.

(12) Must cooperate with investigations, proceedings, and requirements of OASAS or other authorities which have jurisdiction over those charged with a violation.

(13) Must not participate in the filing of ethics complaints that are frivolous or have a purpose other than to protect the public.

(14) Must assure that financial practices are in accord with professional standards that safeguard the best interests of the patient, the counselor and the profession.

(15) Must take reasonable steps to ensure that documentation in records is accurate, sufficient and timely thereby ensuring appropriateness and continuity of services provided to patients.

(16) Must uphold the legal and accepted moral codes which pertain to professional conduct.

(17) Must recognize the need for ongoing education to maintain current competence, and to improve expertise and skills.

(18) Must acknowledge the limits of present knowledge in public statements concerning alcoholism and substance abuse. The Credentialed Alcoholism and Substance Abuse Counselor must report fairly and accurately the appropriate information, and must acknowledge and document materials and techniques used.

(19) Must assign credit to all who have contributed to the published material and for the work upon which publication is based.

(20) Must strive to inform the public of the effects of alcoholism and substance abuse. The Credentialed Alcoholism and Substance Abuse Counselor must adopt a personal and professional stance which promotes the well-being of the recovery community.
§853.20 Misconduct.

(a) Credentialed alcoholism and substance abuse counselors/trainees, credentialed prevention professionals, credentialed prevention specialists and credentialed problem gambling counselors must uphold ethical and professional standards.

(b) Any person who is in the process of applying for a credential, or who has a valid credential, or who is eligible for credential renewal and who engages in misconduct as described in this Section is considered to be in violation of the applicable Canon of Ethical Principles or Professional Code and Ethical Standards for the profession and may be subject to the penalties prescribed in this Part.

(c) The following shall constitute misconduct:

(1) obtaining the credential fraudulently;

(2) practicing or providing services fraudulently, with gross incompetence, with gross negligence on a particular occasion or negligence or incompetence on more than one occasion, or otherwise acting contrary to the interests of a patient or service recipient;

(3) practicing or providing services while under the influence of alcohol and/or other substances;

(4) violating any term or condition or limitation imposed on the certified/credentialled professional by the Office;

(5) refusing to provide services to a person, individual, organization or community because of race, creed, color, gender, age, disability, national origin, sexual orientation, or socioeconomic status;

(6) being convicted of or committing an act constituting a crime under New York State law, Federal law, or the law of another jurisdiction which, if committed within this State, would constitute a crime under New York State law, and not promptly reporting such conviction to the Office;

(7) promoting the inappropriate sale of services, goods, property or drugs in such manner as to exploit the patient or service recipient for the financial gain of the certified/credentialled professional or of a third party;

(8) directly or indirectly offering, giving, soliciting or receiving, or agreeing to receive, any fee, or other consideration to or from a third party for the referral of a patient or service recipient in connection with the performance of chemical dependence counseling services or alcohol and substance use, abuse and dependence prevention services; and/or problem gambling services; and

(9) entering into an exploitative, sexual or other relationship with patients/former patients/service recipients or their significant others that is outside the boundaries of professional conduct.

§853.21 Other prohibited acts.

(a) Unlawful use of the title credentialed alcoholism and substance abuse counselor, credentialed alcoholism and substance abuse counselor trainee, credentialed prevention professional, credentialed prevention specialist or credentialed problem gambling counselor. No person shall use the title credentialed alcoholism and substance abuse counselor, (CASAC), credentialed alcoholism and substance abuse counselor trainee, (CASAC trainee), credentialed prevention professional, (CPP), credentialed prevention specialist, (CPS), or credentialed problem gambling counselor, (CPGC), unless authorized pursuant to this Part.

(b) Private practice prohibited. No person shall use the title credentialed alcoholism and substance abuse counselor, (CASAC), credentialed alcoholism and substance abuse counselor trainee, (CASAC trainee), credentialed prevention professional, (CPP), credentialed prevention specialist, (CPS), or credentialed problem gambling counselor, (CPGC), to engage in private practice unless otherwise authorized by law.
Intent

As part of its commitment to ensuring quality care for addicted persons, family members and others at risk in New York State, and advocating for the physical health and well-being of the credentialed counselors who work in our system, OASAS places a priority on its efforts to prevent, reduce and eliminate counselor impairment or the progression of impairment which would impede the delivery of quality care and ultimately lead to professional misconduct. As a result, the following guidelines were developed by OASAS in 1996, in consultation with a work group of leading experts and clinicians from around the State, to provide guidance to program administrators, supervisors, the peers of counselors, counselors themselves and others who may encounter situations involving impaired professionals.

Background

Impairment of professionals is an issue that every profession has had to come to grips with in one form or another. Regardless of the nature of the profession, impairment brings about a diminished capacity to provide quality service and increases the potential for harm to the individuals they serve. Although many professional associations have developed some very effective models and guidelines for dealing with impairment (e.g., American Bar Association, American Dental Association, American Psychological Association, National Association of Social Workers, New York State Nurses Association, New York State Police and the Committee for Physicians Health), the alcoholism and substance abuse counseling profession in New York has never had the benefit or support of a comprehensive counselor wellness program.

The irony is not lost on counselors who have struggled with their own recovery. The alcoholism and substance abuse services field has advocated for years that employers need to view impairment as a treatable affliction, and to offer support to employees who exhibit the symptoms associated with impairment or relapse. However, when it came to their own, alcoholism and substance abuse service providers often seemed less sympathetic to the very same issues that affected their employees. Given this, and the desire of OASAS to create a wellness program that will be a model for other professions, OASAS offers the following as a resource for individuals and organizations dedicated to helping professionals overcome alcoholism and/or substance abuse.

OASAS sees its role as an advocate for counselor wellness for a variety of reasons: (1) to support certified providers in their efforts to afford our patients and their families the best possible services; (2) to encourage the development of program procedures that support the counselors' desire to make a difference in the lives of the patients they serve; and (3) to offer technical assistance to providers in the resolution of issues of impairment.

The following guidelines were developed to provide a mechanism to help overcome the resistance and the stigma that sometimes limits the effectiveness of counselor wellness programs; and to acknowledge those counselors who have shown the courage and determination to voluntarily participate in a wellness program.

Impairment vs. Misconduct

For purposes of these guidelines, the following definitions are provided to help distinguish between counselor impairment and counselor misconduct.

Impairment: the inability to perform job requirements because skills are impaired due to disease or disability (e.g., alcoholism, substance dependence, mental illness, etc.).

Misconduct: those prohibited acts as defined in 14 NYCRR Part 853.17, including:

- obtaining the credential fraudulently;
- practicing fraudulently, with gross incompetence, with gross negligence on a particular occasion or negligence or incompetence on more than one occasion, or otherwise acting contrary to the interests of a patient;
- practicing while under the influence of alcohol and/or other substances;
- violating any term or condition or limitation imposed on the counselor by the Office;
- refusing to provide services to a person because of such person's race, creed, color, gender, age, disability, national origin, sexual orientation or socioeconomic status;
practicing while the credential is suspended;
- being convicted of or committing an act constituting a crime under New York State law, Federal law or the law of another jurisdiction which, if committed within this State, would constitute a crime under New York State law, and not promptly reporting such conviction to the Office;
- promoting the inappropriate sale of services, goods, appliances or drugs in such manner as to exploit the patient for the financial gain of the counselor or of a third party;
- directly or indirectly offering, giving, soliciting or receiving, or agreeing to receive, any fee, or other consideration to or from a third party for the referral of a patient or in connection with the performance of chemical dependence counseling services;
- entering into an exploitative, sexual or other relationship with patients or significant others that is outside the boundaries of professional conduct.

Identification

Candidates for the Counselor Wellness Program may be identified through three primary routes:

- **Self-Referral** -- Perhaps the preferred mode of entry, self-referrals into the Counselor Wellness Program often indicate a high degree of motivation and commitment on the part of the impaired professional;

- **Supervisory/Employee Assistance Program Referral** -- This mode of entry involves a third party who has either observed or been advised by the counselor in question of work-related impairment and taken appropriate action to refer the individual; or

- **Counselor Complaints** -- Formal and informal counselor complaints reported to the OASAS Credentialing Unit from supervisors, counselors and patients often involve allegations of impairment. Credentialing Specialists investigating such complaints may encounter counselors who acknowledge some degree of impairment and voluntarily agree to participate in the Counselor Wellness Program.

Employee Assistance Programs (EAPs)

All programs are strongly encouraged to provide EAP services for their staff. EAPs offer objective, confidential intervention services, facilitate referrals and monitor employee aftercare. Employers should participate in decisions relating to an employee’s absence from and return to work, but should not attempt to influence the terms and conditions of treatment for the impaired employee.

Absence of the Employee

OASAS expects that all program administrators will cultivate a work environment that is supportive, but firm in their dealings with staff impairment situations that may arise. A key part of creating such an environment is ensuring that the investment made in staff who may suffer impairment is not lost by prematurely abandoning hope for their recovery. This means that employers need to be supportive of staff who acknowledge their impairment and who demonstrate a willingness to address such impairment. Within reasonable limits, such support would involve permitting employees to take a leave of absence, to work a reduced or modified work schedule or to perform alternate work assignments for an agreed upon period of time.

Clearly, each program administrator must strive to maintain a balance between the needs of patients, the needs of staff and the needs of their program. While important, the needs of staff do not displace other needs, particularly where patient health and safety are concerned. However, when possible and when reasonable, program administrators would take the necessary steps to provide assurances to impaired employees that their jobs will be waiting for them when they are ready to return.

Decisions regarding length of authorized absences should be determined based on the employees’ individual needs. In general terms, patient treatment plans are updated 90 days after entering treatment. An employer-employee conference to discuss progress on vocational goals and objectives should be a key part of the impaired counselor’s 90-day treatment plan update.
The range of time frames described in the next section provides maximum flexibility in the decision-making process, as well as a framework for the conference.

Additional factors that should be considered in the decision-making process regarding employee absences or modified work schedules would include: program policies and procedures, union contracts, Civil Service Regulations, the Americans with Disabilities Act and the Family Medical Leave Act.

Return to Work

OASAS encourages the use of behaviorally based guidelines as a basis for determining the appropriate time frame for a counselor’s return to work as a direct care provider. Through a diagnosis-driven process, a counselor’s progress can be evaluated and objective recommendations made by a physician. The final decision on returning to work must be made between the employer and the employee.

For Substance Use Disorders, OASAS encourages the use of DSM-IV diagnoses for Early Full Remission or Sustained Full Remission, combined with a Global Assessment of Function (GAF) Scale score of 81 or higher, as a threshold for a return to work determination for impaired counselors. A physician's return to work recommendation clarifying the relationship of a counselor's health to his/her ability to competently perform all counseling tasks is essential to complete the return to work process.

For Mental Health Disorders, OASAS encourages the use of a DSM-IV Social and Occupational Functioning Scale (SOFAS) score of 81 or higher, combined with GAF Scale score of 81 or higher, as a threshold for a return to work determination for impaired counselors. A physician's return to work recommendation clarifying the relationship of a counselor's health to his/her ability to competently perform all counseling tasks is essential to complete the return to work process.

Peer Support

Peer support can play a major role in the success of any counselor wellness program and recovery of the impaired counselor. To help them overcome the fear, guilt, shame and low self-esteem that often accompanies relapse, counselors are strongly encouraged to access local networks of their counselor peers for guidance and assistance. The Association of Addiction Professionals of New York (AAPNY) is the most experienced of statewide or local organizations with regional support groups of specially trained counselors who are available to assist impaired counselors as they return to work. Based on discussions with OASAS, AAPNY has designated a minimum of two credentialed counselor volunteers in each region of the State who will work with newly recovering counselors in a peer support capacity. All peer support activity will be conducted in conjunction with any and all recommended aftercare provided by an OASAS-certified treatment program.

Summary

OASAS is committed to ensuring the highest quality care possible for addicted persons, family members and others at risk in New York State. As part of this commitment, it places a priority on the quality, health and professionalism of its workforce. OASAS believes that by investing in its workforce through quality training and promotion of healthy lifestyles, it can ensure that the highly skilled and competent counselors who comprise our workforce remain a vital part of the service delivery system they serve. These Counselor Wellness Guidelines have been developed in that spirit.

If you would like more information regarding counselor wellness, please contact:

NYS OASAS
Attn: Counselor Wellness
1450 Western Avenue
Albany, NY 12203-3526
1-800-481-4645
ATTACHMENT 3
LOCAL SERVICES BULLETIN NO.: 2000-2
RE: CREDENTIALING/RENEWAL APPLICATIONS WHICH ARE DETERMINED TO CONTAIN FALSIFIED DOCUMENTATION

PURPOSE

This policy has been developed as part of the Office of Alcoholism and Substance Abuse Services' (OASAS) statutory responsibility to ensure that credentialed counselors and prevention practitioners working within the OASAS service delivery system have demonstrated appropriate character and competence as to give reasonable assurance of their ability to function as a Credentialed Alcoholism and Substance Abuse Counselor (CASAC), Credentialed Prevention Professional (CPP) and/or Credentialed Prevention Specialist (CPS) in accordance with accepted standards.

STATUTORY/REGULATORY AUTHORITY

NYS Mental Hygiene Law, Article 19; 14NYCRR Part 853
NYS Mental Hygiene Law, Article 19; 14NYCRR Part 855

BACKGROUND

OASAS is committed to enhancing the quality of services in New York State through the professional development of the alcoholism and substance abuse services workforce. To ensure that counselors and prevention practitioners who provide direct care and services in alcoholism and substance abuse programs are competent and ethical in their work and skilled in meeting the needs of today's society, OASAS issues professional credentials to individuals who meet specific eligibility requirements and pass appropriate examinations.

Since the inception of the CASAC in March 1997, OASAS has processed several thousand applications associated with initial credentialing and renewal. Although the vast majority of applications submitted contain valid documentation, OASAS has identified instances where initial credentialing/renewal applications contain falsified documentation. Knowingly filing a written instrument containing false information with the State is a crime.

POLICY

In cases where OASAS has identified documentation in an initial credentialing/renewal application which authenticity appears questionable, OASAS will conduct appropriate follow-up activities with the issuing organization to verify the validity of the documentation. If the documentation is found to be invalid, the applicant will be notified, in writing, of such determination. The applicant will be further advised that, in order to proceed with processing the current application, or any other application submitted to OASAS in the future, a satisfactory written explanation about the matter, with appropriate documentation to support the explanation, must be submitted to OASAS postmarked within 15 days of receipt of the notification. If the applicant does not respond by the stated deadline, or if the response is determined to be unsatisfactory, OASAS will notify the applicant that, as a result of OASAS' finding that falsified documentation was submitted, the application cannot be approved and that the following action will be taken:

Initial Credentialing

The applicant will be prohibited from applying to OASAS for any credential for a period of two years, commencing on the date of notification.

Renewal

The applicant will:

- receive a letter of reprimand from OASAS;
- be denied renewal and prohibited from reapplying for a period of one year, commencing on the date of notification;
when reapplying, submit documentation which supports 40 hours of education and training completed subsequent to the date of the notification. This training must include a minimum of 15 clock hours of OASAS-approved education and training related to ethical responsibilities for addictions professionals;

when reapplying, submit two Evaluations of Competency and Ethical Conduct. CASAC applicants will be required to have the evaluations completed by individuals who are current New York State CASACs or hold a current reciprocal-level certificate issued by another member board of the International Certification and Reciprocity Consortium (ICRC). CPP and CPS applicants will be required to have the evaluations completed by individuals who are current New York State CPPs or hold a current reciprocal-level certificate issued by another member board of the ICRC;

when reapplying, be charged the appropriate Renewal Fee and all late fees accrued as a result of the actions; and

as with all late renewals, have a subsequent expiration date based on the expiration of the most recent registration period.

If the initial credentialing or renewal applicant is employed by an OASAS certified or funded provider, the provider will be notified of any action taken as a result of OASAS’ finding that falsified documentation was submitted. This notification will ensure that providers are aware of the credentialled status of such individuals. In the case of OASAS certified providers, the notification will ensure that providers are not, unknowingly, out of compliance with regulatory staffing requirements as a result of a counselor’s failure to notify the provider that such action has been taken by OASAS.

In addition to the above, based on the nature of the submission, the matter may also be subject to penalties otherwise authorized by law. The notification from OASAS will also include a statement detailing the reasons for the action and will advise that the applicant has 10 days from receipt of the notification to submit a written rebuttal to OASAS, detailing any objections, and including any additional information to be considered in support of those objections.

Upon receipt of the written rebuttal and supporting information, or after 10 days from the date of the applicant’s receipt of notification, whichever occurs first, OASAS will refer the matter to the appropriate Credentials Board for review. Following review of the written rebuttal and supporting information, if any, the Credentials Board will submit an appropriate recommendation to the OASAS Commissioner, for final determination. The applicant will be notified, in writing, of the Commissioner’s determination and advised that a hearing may be requested within 10 days of receipt of the notification, as applicable. The Commissioner will review and consider all information, including the determination of the hearing officer, if any, and will render a decision on the case, which will be final.

CONCLUSION

OASAS is committed to administering a credentialing process that will demonstrate New York State’s leadership in ensuring the highest quality care and services for chemically abusing and dependent persons, family members and others. Accordingly, implementation of this policy will take place immediately. This information should be shared with all program staff.

SOURCE(S) OF FURTHER INFORMATION

If you require further clarification of the issues detailed in this Bulletin, please contact the OASAS Credentialing Unit via e-mail credentialing@oasas.state.ny.us or telephone 1-800-482-9564.

Copies of all active Local Services Bulletins are available on the OASAS Web Site at:
http://www.oasas.state.ny.us/mis/bulletins/index.cfm