OASAS
Improving Lives.

2013 Substance Abuse Prevention Skills Training (SAPST)
Training-of-Trainers (TOT) Application
This TOT involves two components

1. Recruitment of experienced prevention trainers to take part in a 31 hour, combined on-line (5 hours) and attend direct delivery (26 hours) Substance Abuse Prevention Skills Training (SAPST) module.

2. Subsequent selection of up to 40 graduates to participate in an intensive 19.5 hour Training-of -Trainer (TOT) curriculum.

Online Training (Required) - On your own 2 weeks prior to the Direct Delivery

Dates:	Attend SAPST Direct Delivery	September 10–13	Albany
	Training-of-Trainers (TOT) (Selected individuals only)	October 1-3	Albany
	Attend SAPST Direct Delivery	September 24-27	NYC
	Training-of-Trainers (TOT) (Selected individuals only)	October 22-24	NYC

Applicant Information- Please complete information for your home address

Name: _____ **Home Phone:** _____
Address: _____ **Cell Phone:** _____
City/State/Zip: _____ **Home Email:** _____
County: _____

Employment Information

Job Title: _____ **Work E-mail:** _____
Employer: _____ **Work Phone:** _____
Address: _____
City/State/Zip: _____
County: _____

Professional Information

Education (check appropriate level):

GED ☐ *High School* ☐ *Associate's* ☐
Bachelor's ☐ *Master's* ☐ *Doctoral/higher* ☐

Current Credentials or Licenses (Check all that apply)

CPP/CPS ☐ *Physician* ☐ *Psychologist* ☐
LCSW/LMSW ☐ *LMHC* ☐ *CRC* ☐
CASAC ☐ Psychiatrist ☐ *Physician's Assistant* ☐
CASAC Trainee ☐ *RN/CARN/LPN* ☐ Other: _____

Number of Years providing Substance Abuse Prevention Services:

Please use the space below to describe your experience delivering Substance Abuse Prevention Services, including the type of prevention services delivered.

Number of Years providing Substance Abuse Prevention Training to Prevention or Other Professionals:

Please use the space below to describe your training experience. You are required to have training experience to be considered for this Training-of-Trainer (TOT) program. Describe your training experience, including the name of the training curriculum and the length (number of days or hours) of the trainings.

Briefly describe your plan(s) to deliver the two free trainings of the SAPST curriculum in your region for prevention providers within 18 months of completing the TOT.

Agreement

If selected to participate in the Training-of -Trainer program I agree to the following:

- *Provide at least two free trainings within my region for prevention professionals and/or other professionals within 18 months of completing the training. At least one of the trainings must be held outside of my own program.*

My name attests to my commitment to the above criteria for acceptance into this training:

Name:
Date:

I am a designated representative at the agency the applicant is employed. My name below attests to my commitment to

Name:	**Title:**
Email Address:	**Work Phone Number:**
Date:	

Applications should be sent *via email* to Gerry.King@oasas.ny.gov on or before August 2nd. Applications will be reviewed by a team of OASAS staff. All candidates will be notified *via email* by August 9th whether they were selected or not for the TOT.