

Application Packet

Credentialed Alcoholism and
Substance Abuse Counselor:

CASAC

CASAC 2

CASAC – Advanced Counselor



**Office of Addiction
Services and Supports**

CREDENTIALLED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC) APPLICATION

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Only return **the forms in bold** with your application documentation. Application instructions may be retained for your reference throughout the application process.

CREDENTIALLED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC) APPLICATION

PURPOSE OF THE CASAC

The New York State Office of Addiction Services and Supports (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 the Credentialed Alcoholism and Substance Abuse Counselor (CASAC) to individuals who meet specific eligibility requirements and pass an examination. **The CASAC Trainee Certificate serves as documentation that the individual is working toward becoming a CASAC.**

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; (4) successfully complete a criminal background check review; and (5) pass the International Certification and Reciprocity Consortium, Inc. (IC&RC) examination for Alcohol and Drug Counselors (ADC).

Application

Upon receipt by the OASAS Credentialing Unit, your application will be reviewed to ensure that the minimum eligibility requirements have been satisfied. Based on the findings of this review, your application will be determined to be either incomplete or approved. **Applications are reviewed in the order they are received, and it may take an extended time to process due to the high volume received.**

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 \$100 Application Processing Fee. However, exam eligible candidates may request a one-time three-year extension.

Minimum Qualifications

To apply to become a CASAC you must:

- be at least 18 years of age;
- have earned at least a: (1) High School Diploma (obtained from institutions recognized by the New York State Department of Education or its equivalent); **or** (2) High School Equivalency (HSE);
- be proficient in English, including the ability to speak, write, comprehend orally, and read at a minimum level necessary to perform as a CASAC; and
- live or work in New York State at least 51 percent of the time during the application period.

Examination

The IC&RC Alcohol and Drug Counselor (ADC) Exam is offered on a weekly basis. A candidate may retest once every 90 days as long as an active application is on file.

Eligibility for the ADC exam may be met by satisfactorily completing the 350 educational hours. You **will not** be issued a CASAC certificate until you have satisfactorily completed the requirement of 6000 hours of work experience, submission of the appropriate evaluations of competency and ethical conduct, and successful completion of the Criminal Background Check process.

**The Application, associated instructions, and fees
are subject to change without notice.**

CREDENTIALING PROCESS (continued)

CREDENTIALLED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC) APPLICATION

Postmark Date of Application

5 – YEAR APPLICATION PERIOD
CASAC TRAINEE MAY BE OBTAINED

Must Successfully Complete All Requirements AND Exam Prior to Application Expiration Date

Your CASAC Application will remain active for a period of five years from the postmark date. A CASAC Trainee certificate may be obtained as an interim step to becoming a CASAC. If the requirements and successful completion of the exam are not met prior to the application expiration date, you may submit a new application to become credentialed in the future.

CASAC REQUIREMENTS

CASAC

- Part A Application Summary form
- Canon of Ethical Principles, Misconduct, and Other Prohibited Acts attestation form
- NYS Justice Center Code of Conduct form
- Copy of diploma or transcript to verify your highest level of **graduated** education
- Copy of your OASAS 350-hour standardized training certificate **OR** academic transcript to satisfy the requirement
- \$100 Application Processing Fee (certified check or money order)

NOTE: Applicants may obtain the CASAC Trainee Certificate and become exam eligible upon completion of the above requirements. The CASAC Trainee Certificate serves as documentation that you are working toward becoming a CASAC. The CASAC Trainee may be counted toward the Qualified Health Professional (QHP) staffing requirement for specific OASAS-certified providers. However, the CASAC Trainee Certificate will **not** authorize you to be considered a QHP for any other purpose.

- Three Part B Evaluation of Competency and Ethical Conduct forms
- Part C Work Experience Verification Record form documenting a minimum of 6000 hours of approved work experience; a college degree with a concentration in an approved human services field may be claimed for satisfying some of the work experience
- **NEW: Completion certificate for 3 hours of “Supporting Recovery with Medications for Addiction Treatment (MAT)” training**
- Successful completion of the IC&RC Alcohol and Drug Counselor exam

CASAC 2

In addition to the above CASAC requirements:

- A copy of a transcript to verify completion of an associate's degree in an OASAS approved human services field

CASAC – Advanced Counselor

In addition to the CASAC requirements:

- A copy of a diploma or transcript to verify completion of a bachelor's degree in **any** major field of study
- Completion certificate(s) for 30 hours of training entitled, “Clinical Supervision Foundations I and II”

OR

- **Grandparenting Option (until December 31, 2020):** An additional 4000 hours of work experience as a clinical supervisor in an OASAS certified treatment program during the period June 30, 2013 to June 30, 2018
- Completion certificate(s) for 30 hours of training entitled, “Clinical Supervision Foundations I and II”

CREDENTIALIALED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC) APPLICATION

If you have not met the requirements for your CASAC prior to the application expiration date, a one-time three-year extension of your application and CASAC Trainee Certificate may be requested.

Applicants may also be eligible to receive the CASAC Trainee Certificate upon completion of 4000 hours of approved work experience (or master's degree substitution for work experience), and 85 clock hours of education and/or training related to the Knowledge of Alcoholism and Substance Abuse (Section I). Completion of these requirements, however, will **NOT** result in exam eligibility or a one-time three-year extension. **Please note that work experience performed post 7/1/18 must be in compliance with the SUD Counselor Scope of Practice** <https://www.oasas.ny.gov/system/files/documents/2019/09/Scopes%20of%20Practice.pdf>.

An application is active for a period of five years from the date of postmark. If you do not meet the requirements to complete the CASAC process by the expiration date of your application, you will need to submit a new application and a \$100 Application Processing Fee. However, you will not be eligible to receive the CASAC Trainee Certificate a second time. It is suggested that you contact the Credentialing Unit prior to submitting a new application as there may be paperwork that you do not have to re-submit.

FEE SCHEDULE

All fees are **non-refundable, regardless of the results of your criminal background check**. Fees **must** be in the form of a **certified check** or **money order** made payable to NYS OASAS. Personal checks will **not** be accepted, will be returned, and will delay processing of your application. Please do not send cash.

\$100 Application Processing Fee

\$245 Computer Based Examination Fee -- Do not send examination fees until your application has been approved and you have been notified that you are exam-eligible.

\$100 CASAC Trainee Extension Fee

You do not need to send \$100 every time you submit additional documentation for review. The \$100 application fee covers administrative services provided during the five-year period that your application is active.

GENERAL APPLICATION INSTRUCTIONS

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

- Make a copy of the Application Packet to use as a working draft **before** preparing your application. After completing the working draft, enter the final information onto the original application.
- **Please print clearly.**
- **Make a copy of the completed application, including all of the documentation and attachments, for your records. The application and all accompanying documents will become the property of OASAS and will not be returned.** This will be very important should your application expire before you fulfill all the requirements as you would then be required to submit a new application and all associated documentation.
- Submit the completed original application and required documentation. Attach the **non-refundable** \$100 Application Processing Fee to the completed Part A of this application. The Application Processing Fee must be payable to "NYS OASAS" and in the form of a **certified check** or **money order**. **Applications received without payment, or with a personal check, will not be reviewed and will be returned.**

Please mail your application to:
NYS OASAS
Attn: Credentialing Unit
1450 Western Avenue
Albany, New York 12203-3526

Personal checks or cash will not be accepted, will be returned, and will delay processing of your application.

CREDENTIALLED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC) APPLICATION

COUNSELOR SCOPE OF PRACTICE CHECKLIST

The Counselor Scope of Practice establishes a framework for a career ladder with minimum qualifications and defined scope of practice for the CASAC, CASAC Level 2, and CASAC Advanced Level. **It is important to note that CASACs may not work outside of their scope of practice.**

Prior to the issuance of your CASAC, you will have the opportunity to complete additional requirements to upgrade your CASAC status to the CASAC 2 or CASAC – Advanced Counselor level. Please indicate the level you are applying for and include the associated documentation with your application as follows:

CASAC 1 (Minimum education level is high school or GED)

CASAC 2

- Transcript verifying completion of an associate's degree in an approved human services field. Refer to the OASAS website for a list of approved human services fields:
<https://oasas.ny.gov/system/files/documents/2019/11/approved-human-services-degrees.pdf>.

CASAC ADVANCED LEVEL

*****ONLY CURRENT CLINICAL SUPERVISORS WHO DO NOT HOLD A BACHELOR'S DEGREE MUST APPLY TO BE GRANDPARENTED*****

- Eligible for grandparenting to CASAC Advanced Level during January 1, 2018 to December 31, 2020 upon submission of 4000 hours of clinical supervision work experience gained during the period June 30, 2013 to June 30, 2018 (please refer to page 5 for details); and
- Certificate of completion for 30 hours of Clinical Supervision training*

OR

- Transcript verifying completion of a bachelor's degree; and
- Certificate of completion for 30 hours of Clinical Supervision training*

**Clinical Supervision Foundations I is a 14-hour, self-paced online course that may be accessed at <http://healthknowledge.org/course/index.php?categoryid=56>. Clinical Supervision Foundations II is a 16-hour classroom training. A course schedule of upcoming training opportunities for Foundations II is located at <https://webapps.oasas.ny.gov/training/providers.cfm?providerType=CSF2>.*

COUNSELOR SCOPE OF PRACTICE

CASAC 2

To qualify for the CASAC 2, you must possess an associate's degree in an approved human services field. Documentation in the form of a copy of a diploma or academic transcript which clearly states the major field of study must be submitted. You may obtain a list of approved human services fields by visiting the OASAS website at <https://oasas.ny.gov/system/files/documents/2019/11/approved-human-services-degrees.pdf>.

CASAC – Advanced Counselor

To be eligible for the CASAC – Advanced Counselor, you must possess a bachelor's degree and complete 30 hours of clinical supervision training. Documentation in the form of a copy of a diploma or academic transcript which indicates the date the degree was conferred must be submitted. In addition, the completion certificate for 30 hours of clinical supervision training must be submitted.

You may access Clinical Supervision Foundations I, the 14-hour, self-paced online course, at <http://healthknowledge.org/course/index.php?categoryid=56>. Clinical Supervision Foundations II is a 16-hour classroom training. A course schedule of upcoming training opportunities for the Foundations II training may be found at <https://webapps.oasas.ny.gov/training/providers.cfm?providerType=CSF2>.

CASAC – Advanced Counselor (Grandparenting Based on Clinical Supervision Work Experience)

A grandparenting period for the CASAC – Advanced Counselor is available now through **December 31, 2020**. Current clinical supervisors **who do not hold a bachelor's degree** may apply for grandparenting to the CASAC Advanced Level based on completion of 4000 hours of approved work experience as a clinical supervisor of one or more Qualified Health Professionals (QHPs). The QHPs must be primary counselors who carry a regular caseload of clients. Work experience must have occurred during the period **June 30, 2013 to June 30, 2018**. Additionally, the required 30 hours of clinical supervision training must be completed.

You must document a **minimum** of 4000 hours as a clinical supervisor of direct patient services in an **OASAS approved work setting**. An approved work setting means:

- It is operated by OASAS (i.e., Addiction Treatment Centers); or
- It holds a valid OASAS operating certificate to provide treatment services.

The 4000 hours of clinical supervision work experience **must** be in addition to the 6000 hours obtained to satisfy the CASAC work experience. Also, the 4000 hours must have occurred during the period **June 30, 2013 to June 30, 2018**.

You may access Clinical Supervision Foundations I, the 14-hour, self-paced online course, at <http://healthknowledge.org/course/index.php?categoryid=56>. Clinical Supervision Foundations II is a 16-hour classroom training. A course schedule of upcoming training opportunities for the Foundations II training may be found at <https://webapps.oasas.ny.gov/training/providers.cfm?providerType=CSF2>.

Instructions for Grandparenting to the CASAC – Advanced Counselor

Complete the Applicant Consent to Release Information section of the Scope of Practice Work Experience Verification Record Form and provide the form to your supervisor for each provider/employer from which work experience is being claimed.

Include a copy of the employer's operating certificate. It must be operated by OASAS or hold a valid operating certificate issued by OASAS.

Total numbers of hours worked must be in clock hours. Days/weeks worked will not be accepted.

The certification at the bottom of page 8 must include the signature of the Authorized Human Resources or Payroll Unit representative.

Include a copy of the completion certificate for 30 hours of clinical supervision training.

ONE-TIME REQUIREMENT FOR MEDICATION ASSISTED TREATMENT (MAT) TRAINING

Prior to issuance of the CASAC, completion of 3 hours of Medication Assisted Treatment (MAT) training will be required. **The MAT completion certificate must be submitted to be eligible to receive the CASAC.**

NOTE: The MAT training, entitled, “*Supporting Recovery with Medications for Addiction Treatment (MAT)*,” offered by the Addiction Transfer Technology Center Network (ATTC) is the only training that will be accepted to satisfy the requirement.

The training is free-of-charge and offered through the Addiction Technology Transfer Center Network’s portal at <http://healthknowledge.org/course/search.php?search=Medication+Assisted>.

In order to maintain the accuracy of the Credentialing database, **please report** all changes in your postal address, e-mail address, telephone number, and/or your name, in writing and **within ten business** days, by e-mail to credentialing@oasas.ny.gov or by postal service:

NYS OASAS
ATTN: Credentialing Unit
1450 Western Avenue
Albany NY 12203

Failure to comply with this requirement may result in the expiration of the application or imposition of penalties or other remedial actions as provided in Part 853.

**SCOPE OF PRACTICE & MEDICATION ASSISTED TREATMENT
(MAT) CHECKLIST**

To apply for the CASAC 2, please remember to:

- Attach documentation of your associate's degree in an approved human services field in the form of a copy of your diploma or transcript which clearly states your major field of study.

To apply for the CASAC – Advanced Counselor, please remember to:

- Attach documentation of a minimum of a bachelor's degree in the form of a copy of a diploma or transcript.
- Attach certificate(s) of completion for 30 hours of clinical supervision training.

If you are a current clinical supervisor with no bachelor's degree and wish to apply for grandparenting to the CASAC Advanced Counselor, please remember to:

- Complete the Applicant Consent to Release Information section of the Work Experience Verification Record Form on page 8 and provide the form to your supervisor for each provider/ employer from which work experience is being claimed.
- Include a copy of the employer's operating certificate.
- Include the total number of hours worked in clock hours. **Days/ weeks worked will not be accepted.**
- The certification at the bottom of page 8 must include the signature of the authorized Human Resources or Payroll Unit representative.
- Attach certificate(s) of completion for 30 hours of clinical supervision training.

Please also remember to:

- Attach certificate of completion for 3 hours of "Supporting Recovery with Medications for Addiction Treatment" (MAT) Training.

CREDENTIALLED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC) APPLICATION

SCOPE OF PRACTICE WORK EXPERIENCE VERIFICATION RECORD (CASAC ADVANCED LEVEL ONLY) ONLY COMPLETE IF YOU ARE A CURRENT CLINICAL SUPERVISOR WITH NO BACHELOR'S DEGREE

THIS SECTION TO BE COMPLETED BY THE APPLICANT – CONSENT TO RELEASE INFORMATION – Please print clearly

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

Consent to Release Information -- By my signature below, I am authorizing the provider/person identified below to provide information and documentation to OASAS. I attest that the clinical supervision duties performed included face-to-face supervision of Qualified Health Professional primary counselors who carried a regular client caseload.

Applicant Signature

Date

THIS SECTION TO BE COMPLETED BY THE APPLICANT'S SUPERVISOR

Be sure that the applicant has signed and dated 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 Advanced Counselor eligibility requirements. Please return this completed form to the applicant. Questions may be directed to the OASAS Credentialing Unit at 1-800-482-9564 (option 1).

PROVIDER/EMPLOYER
NAME: _____

UNIT WHERE APPLICANT
WORKED: _____

OASAS OPERATING CERTIFICATE #: _____ WORK SITE PHONE NUMBER: () _____

WORK ADDRESS (Must match OASAS Operating Certificate as listed above):

Street City/Town/Village State Zip Code

Name of Applicant's Supervisor (Please Print): _____

Job
Title: _____

Signature of Applicant's Supervisor

Date

() _____
Work Site Telephone Number

THIS SECTION TO BE COMPLETED BY THE EMPLOYER'S AUTHORIZED HUMAN RESOURCES REPRESENTATIVE

Applicant's Job Title: _____

Dates of Employment: _____ to _____
(mm/dd/yyyy) (mm/dd/yyyy)

NOTE: Work Experience Must Have Been Gained During 6/30/13 – 6/30/18

Total # Clock Hours Actually Worked (excluding holidays, vacation, sick leave, etc.): _____

AUTHORIZED REPRESENTATIVE CERTIFICATION I have reviewed employment records and certify that the information provided on the work experience hours of the above-named applicant is true to the best of my knowledge and belief.

Name of Authorized Representative: (Please Print) _____

Job Title: _____

Signature of Authorized Representative

Date

() _____
Work Site Telephone Number

PART A – APPLICATION SUMMARY CHECKLIST

Please remember to:

- Complete Part A - Application Summary Form.
- Enter your **full, 9-digit** Social Security Number on Part A.
- Sign and date on the reverse side of the Part A form (must be within the previous one year).
- Carefully review, initial, sign and date the Canon of Ethical Principles, Misconduct, and Other Prohibited Acts Attestation on pages 12-13 of this application.
- Review, sign and date the NYS Justice Center Code of Conduct on pages 14-15 of this application.
- Attach the \$100 Application Processing Fee in the form of a **certified check** or **money order**, payable to NYS OASAS, to Part A.
 - **Personal checks cannot be accepted, will be returned and will delay processing of your application.**
- Attach a copy of your highest level of graduated education (diploma or transcript).

Failure to return any of the above documentation will delay processing of your application.

CREDENTIALLED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC) APPLICATION

PART A – APPLICATION SUMMARY FORM

Important Note: Documentation submitted without a fully completed Part A will not be processed, will be returned, and will delay the review of your application.

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: _____ / _____ / _____
Full 9-digit Number is Required 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
Please note that you may be contacted via this e-mail regarding your Application.

DEMOGRAPHIC INFORMATION -- OPTIONAL

Ethnicity:

- White (Non-Hispanic)
 Black (Non-Hispanic)
 Asian/Pacific Islander
 Native American
 Hispanic
 Other: _____

Military Service:

- Yes
 No

If applicable, I would identify myself as a person:

- in recovery from addiction(s).
 recovering from the effects of addiction(s) in my family.

EDUCATIONAL INFORMATION -- ATTACH PROOF OF HIGHEST LEVEL COMPLETED

GED High School Diploma Associate's Degree Bachelor's Degree Master's Degree Doctoral Degree

PROFESSIONAL INFORMATION -- ATTACH PROOF

- | | |
|---|--|
| <input type="checkbox"/> Licensed Clinical Social Worker | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Licensed Master Social Worker (including Limited Permit LP-LMSW) | <input type="checkbox"/> Physician's Assistant |
| <input type="checkbox"/> Certified by the National Board for Certified Counselors | <input type="checkbox"/> Registered Professional Nurse |
| <input type="checkbox"/> Licensed Mental Health Counselor (including Limited Permit (LP-LMHC) | <input type="checkbox"/> Licensed Nurse Practitioner |
| <input type="checkbox"/> Licensed Marriage and Family Therapist | <input type="checkbox"/> Licensed Psychologist |
| <input type="checkbox"/> Registered Occupational Therapist | <input type="checkbox"/> Licensed Psychoanalyst |
| <input type="checkbox"/> Certified Rehabilitation Counselor | <input type="checkbox"/> Therapeutic Recreation Specialist |
| <input type="checkbox"/> Licensed Creative Arts Therapist | |

THE REVERSE SIDE MUST BE COMPLETED IN ITS ENTIRETY

CREDENTIALLED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC) APPLICATION

PART A – APPLICATION SUMMARY FORM (continued)

EMPLOYMENT INFORMATION – PLEASE PRINT CLEARLY

ARE YOU CURRENTLY EMPLOYED? Yes -- Please complete the following section. No -- Go to the "Affirmations" section.

CURRENT JOB TITLE: _____ WORK TELEPHONE NO.: () _____ - _____ Ext. _____

EMPLOYER: _____ DATE STARTED: _____

OASAS CERTIFICATE NUMBER: _____ WORK UNIT/FACILITY NAME: _____
(if applicable)

WORK ADDRESS: _____
Street City/Town/Village State Zip Code

AFFIRMATIONS AND CERTIFICATIONS (Please Print Clearly)

HAS ANY DISCIPLINARY ACTION EVER BEEN TAKEN AGAINST YOU AS THE HOLDER OF ANY LICENSE OR CERTIFICATION ISSUED BY NEW YORK STATE OR ANY OTHER STATE OR FEDERAL AGENCY?

No Yes - If "Yes", complete the following information and attach supporting documentation.

Date of Disciplinary Action	License or Certification	Type of Action Taken
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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 CASAC Application 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.*

APPLICANT SIGNATURE

DATE **

Any CASAC, CASAC Trainee or CASAC Applicant who engages in any acts prohibited by the Part 853 Regulations governing the Credentialing of Addictions Professionals shall be subject to one or more of the following penalties or as otherwise authorized by law: Administrative Reprimand, Suspension, Denial of Renewal/Reinstatement, Revocation, Fines, and Annulment.

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

** Part A must be dated within one year prior to submission. **Applications which are not signed and dated will be returned and will delay processing of your Application.**

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.

Remember to include the Application Processing Fee of \$100 in the form of a money order or certified check. Personal checks are not accepted and will delay processing of your application.

LAST NAME: _____ FIRST NAME: _____ MI: _____

Please initial each number of the Canon of Ethical Principles to attest that you have carefully read, understand, and agree to abide by Section 853.28 of the Part 853 Regulations governing the Credentialing of Addictions Professionals. The attestation on the bottom of the next page must also be signed and dated. **Failure to return these pages will delay the processing of your application.**

The CASAC:

- _____ (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 intimate relationship or sexual activity with current or former patients or their significant others that is outside the boundaries of professional conduct.
- _____ (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.

THE REVERSE SIDE MUST BE COMPLETED IN ITS ENTIRETY

LAST NAME: _____ FIRST NAME: _____ MI: _____

Please initial each number of the Misconduct and Other Prohibited Acts to attest that you have carefully read, understand, and agree to abide by Sections 853.20 and 853.21 of the Part 853 Regulations governing the Credentialing of Addictions Professionals. The attestation on the bottom of this page must also be signed and dated. Failure to return these pages will delay the processing of your application.

The following shall constitute misconduct by a CASAC:

- _____ (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/credentialed 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/credentialed 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.
- _____ (9) Entering into an exploitative, sexual or other intimate relationship with patients/former patients/service recipients or their significant others that is outside the boundaries of professional conduct.
- _____ (10) Engaging in any conduct which would constitute a "reportable incident" as such terms are defined in 14 NYCRR Part 836 [Incident Reporting in OASAS Certified, Licensed, Funded or Operated Services].
- _____ (11) Failure to notify the Office of any disciplinary action taken against you as the holder of any other license or certification issued by New York State or any other federal or state authority.

OTHER PROHIBITED ACTS

- _____ (a) **Unlawful use of the title CASAC.** No person shall use the title CASAC unless authorized pursuant to this Part.
- _____ (b) **Private practice prohibited.** No person shall use the title CASAC to engage in private practice unless otherwise authorized by law.

I, the undersigned applicant, have received as part of this Application, and have read, understand, and agree to abide by the Part 853 Regulations governing the Credentialing of Addictions Professionals, which includes the Canon of Ethical Principles, Misconduct, and Other Prohibited Acts.

I also understand that any questions regarding the interpretation of the Part 853 Regulations (Credentialing of Addiction Professionals), especially as it relates to ethical and professional standards, may be directed to the Credentialing Unit at credentialing@oasas.ny.gov or 1-800-482-9564 (option 5).

Any CASAC, CASAC Trainee or applicant who engages in any acts prohibited by the Part 853 Regulations governing the Credentialing of Addictions Professionals shall be subject to one or more of the following penalties or as otherwise authorized by law: Administrative Reprimand, Suspension, Denial of Renewal/Reinstatement, Revocation, Fines, and Annulment.

_____ DATE

_____ APPLICANT SIGNATURE

CREDENTIALLED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC) APPLICATION

New York State Justice Center for the Protection of People with Special Needs

CODE OF CONDUCT FOR CUSTODIANS OF PEOPLE WITH SPECIAL NEEDS

Revised January 21, 2016

Introduction

The Code of Conduct, as set forth in the Code of Conduct itself, sets forth a framework intended to assist impacted employees to help people with special needs "live self-directed, meaningful lives in their communities, free from abuse and neglect, and protected from harm," in addition to the specific guidance provided by the agency's policies and training.

Similarly, the Notice to Mandated Reporters contains guidance designed to assist mandated reporters, and is intended to provide a summary of reporting obligations for mandated reporters. It is not intended to supplement or in any way add to the reporting obligations provided by law, rule, or regulation.

As provided by law, rule, or regulation, only custodians who have or will have regular and direct contact with vulnerable persons receiving services or support from facilities or providers covered by the *Justice Center Act* must sign that they have read and understand the Code of Conduct.

The framework provides:

1. Person-Centered Approach

My primary duty is to the people who receive supports and services from this organization. I acknowledge that each person of suitable age must have the opportunity to direct his or her own life, honoring, where consistent with agency policy, their right to assume risk in a safe manner, and recognizing each person's potential for lifelong learning and growth. I understand that my job will require flexibility, creativity and commitment. Whenever consistent with agency policy, I will work to support the individual's preferences and interests.

2. Physical, Emotional and Personal Well-being

I will promote the physical, emotional and personal well-being of any person who receives services and supports from this organization, including their protection from abuse and neglect and reducing their risk of harm to others and themselves.

3. Respect, Dignity and Choice

I will respect the dignity and individuality of any person who receives services and supports from this organization and honor their choices and preferences whenever possible and consistent with agency policy. I will help people receiving supports and services use the opportunities and resources available to all in the community, whenever possible and consistent with agency policy.

4. Self-Determination

I will help people receiving supports and services realize their rights and responsibilities, and, as consistent with agency policy, make informed decisions and understand their options related to their physical health and emotional well-being.

5. Relationships

I will help people who receive services and supports from this organization maintain or develop healthy relationships with family and friends. I will support them in making informed choices about safely expressing their sexuality and other preferences, whenever possible and consistent with agency policy.

THE REVERSE SIDE MUST BE COMPLETED IN ITS ENTIRETY

CREDENTIALLED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC) APPLICATION

CODE OF CONDUCT FOR CUSTODIANS OF PEOPLE WITH SPECIAL NEEDS (*continued*)

6. **Advocacy**

I will advocate for justice, inclusion and community participation with, or on behalf of, any person who receives services and supports from this organization, as consistent with agency policy. I will promote justice, fairness and equality, and respect their human, civil and legal rights.

7. **Personal Health Information and Confidentiality**

I understand that persons served by my organization have the right to privacy and confidentiality with respect to their personal health information and I will protect this information from unauthorized use or disclosure, except as required or permitted by law, rule or regulation.

8. **Non-Discrimination**

I will not discriminate against people receiving services and supports or colleagues based on race, religion, national origin, sex, age, sexual orientation, economic condition or disability.

9. **Integrity, Responsibility and Professional Competency**

I will reinforce the values of this organization when it does not compromise the well-being of any person who receives services and supports. I will maintain my skills and competency through continued learning, including all training provided by this organization. I will actively seek advice and guidance of others whenever I am uncertain about an appropriate course of action. I will not misrepresent my professional qualifications or affiliations. I will demonstrate model behavior to all, including persons receiving services and supports.

10. **Reporting Requirement**

As a mandated reporter, I acknowledge my legal obligation under *Social Services Law §491*, as may be amended from time to time or superseded, to report all allegations of reportable incidents immediately upon discovery to the Justice Center's Vulnerable Persons' Central Register by calling 1-855-373-2122.

CODE OF CONDUCT¹ ACKNOWLEDGMENT FOR CUSTODIANS OF PEOPLE WITH SPECIAL NEEDS

I pledge to prevent abuse, neglect, or harm toward any person with special needs consistent with agency policy. In addition, to the extent I am required to report abuse, neglect, or harm of any person with special needs by law, rule, or regulation, I agree to abide by the law, rule, or regulation. If I learn of, or witness, any incident of abuse, neglect or harm toward any person with special needs, I will offer immediate assistance, notify emergency personnel, including 9-1-1, and inform the management of this organization, consistent with agency policy.

I acknowledge that I have read and that I understand the Code of Conduct.

Signature

Print Name

Date

¹No aspect of this Code of Conduct is in any way intended to interfere, abridge, or infringe upon the rights provided by the *Taylor Law*.

CREDENTIALLED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC) APPLICATION

PART B – EVALUATION OF COMPETENCY AND ETHICAL CONDUCT

Requirements

You must have **three** individuals complete an Evaluation of Competency and Ethical Conduct for you. Evaluations must be submitted on the Part B *Evaluation of Competency and Ethical Conduct* form (pages 18-19) of this Application Packet.

All evaluators must have **direct knowledge** of your **alcoholism and substance abuse-related work experience in an OASAS approved treatment setting** observed for a **minimum of six months**, and may **not** be a family member, subordinate, instructor or professor. Evaluators must meet the following qualifications:

- One evaluator must be your **current clinical supervisor**. If you were **previously** employed in the substance abuse field but are **currently** employed in a non-OASAS setting, an evaluation by your **former** clinical supervisor **must** be submitted.
- One evaluator must be a **current New York State CASAC** or hold a current reciprocal-level credential issued by another member board of the IC&RC.
- In addition to the CASAC evaluator, **one evaluator must be a Qualified Health Professional (QHP)**. A QHP is an individual who has **at least one year** of experience **or** training in the treatment of alcoholism and/or substance abuse, and who is:
 - a CASAC who has a current valid credential issued by OASAS, or a comparable credential, certificate or license from another recognized certifying body as determined by OASAS;
 - a professional licensed and currently registered as such by the New York State Education Department to include:
 - a physician, including doctor of medicine (M.D.) and doctor of osteopathy (D.O.);
 - a physician's assistant (PA);
 - a certified nurse practitioner;
 - a registered professional nurse (RN);
 - a psychologist;
 - a psychoanalyst;
 - an occupational therapist;
 - a marriage and family therapist (LMFT);
 - a creative arts therapist (LCAT);
 - a mental health counselor (LMHC), including Limited Permit (LP-LMHC); and
 - a social worker (LMSW; LCSW), including Limited Permit (LP-LMSW).
 - a professional listed below who is in good standing with the appropriate licensing or certifying authority:
 - a rehabilitation counselor certified by the Commission of Rehabilitation Counselor Certification;
 - a therapeutic recreation therapist certified by the National Council on Therapeutic Recreation or the American Therapeutic Recreation Association;
 - a counselor certified by and currently registered as such with the National Board for Certified Counselors.

Instructions

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

Request that the evaluator complete the evaluation, discuss the evaluation with you, and return the completed form to you, with any other required documentation. **Evaluations must be signed and dated within one year prior to submission.**

Part B is not required to be submitted with your initial application to be eligible for the CASAC Trainee.

**PART B – EVALUATION OF COMPETENCY AND
ETHICAL CONDUCT CHECKLIST**

Please remember to:

- Make enough copies of the *Evaluation of Competency and Ethical Conduct* form for all three of your evaluators.
- Complete, sign, and date the “Applicant Consent to Release Information” section of **each** *Evaluation of Competency and Ethical Conduct* form and provide the form to each evaluator.
- Submit evaluations from evaluators who have worked with you for a **minimum** of six months. Evaluations must be completed by:
 - a current or most recent clinical supervisor (if not currently employed in an OASAS approved treatment setting),
 - a CASAC, and
 - a Qualified Health Professional (QHP).
- Request that each evaluator: (1) complete the entire evaluation; (2) attach a copy of their license or credential; (3) discuss the evaluation with you; and (4) return the completed form to you, with any other documentation required.
- Include **three** completed Evaluations of Competency and Ethical Conduct **and** any other **accompanying documentation**.
 - Part B does **not** need to be submitted at this time to be eligible for a CASAC Trainee.
- Include a copy of a **current** credential claimed by each evaluator.
- Check that the *Evaluation of Competency and Ethical Conduct* forms are dated within **one year** prior to submission.

Please note that OASAS may not intervene in workplace disputes should a supervisor refuse to sign an evaluation form.

If you suspect an individual has violated the CASAC Canon of Ethical Principles, Misconduct, or Other Prohibited Acts, please call the OASAS Credentialing Unit at 1-800-482-9564 (option 5).

CREDENTIALLED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC) APPLICATION

PART B – EVALUATION OF COMPETENCY AND ETHICAL CONDUCT FORM

Applicant Reminder: Make copies of the Evaluation form to provide to all three evaluators.

APPLICANT TO COMPLETE THIS SECTION - CONSENT TO RELEASE INFORMATION – 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 NYS OASAS.

_____ _____
Applicant Signature **Date**

EVALUATOR TO COMPLETE FROM THIS POINT FORWARD -- Please Print Clearly and Answer ALL Questions

PLEASE NOTE: The evaluator may not be a relative or subordinate of the applicant.

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 ethical conduct. **Do not complete the Evaluation of Competency and Ethical Conduct unless the above release is signed and dated.** Please return this completed form to the applicant with any other documentation required. 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 (option 2).

- Note:** Yes Evaluator has direct knowledge of the applicant's alcoholism and substance abuse-related work experience observed for a minimum of six months. If yes, continue to complete the remainder of this form.
- No Evaluator does not have direct knowledge of the applicant's alcoholism and substance abuse-related work experience observed for a minimum of six months. Do not proceed any further and please return this form to the applicant.

EVALUATOR NAME: _____ WORK SITE PHONE NUMBER: () _____

CURRENT PROVIDER/EMPLOYER: _____ CURRENT JOB TITLE: _____

PHYSICAL WORK ADDRESS: _____
Street **City/Town/Village** **State** **Zip Code**

PROFESSIONAL INFORMATION -- Check all credentials/licenses that verify your status as a QHP. As a QHP, you must have had at least one year of experience in the treatment of alcoholism and/or substance abuse or have completed a formal training program in the treatment of alcoholism and substance abuse in accordance with the Part 800.3 Regulation (OASAS Treatment Services: General Provisions).

Attach a copy of at least one of the current credentials claimed.

- | | | |
|---|--|---|
| <input type="checkbox"/> CASAC # _____ | <input type="checkbox"/> Physician | <input type="checkbox"/> Licensed Psychoanalyst |
| <input type="checkbox"/> Licensed Clinical Social Worker | <input type="checkbox"/> Physician's Assistant | <input type="checkbox"/> Therapeutic Recreation Specialist |
| <input type="checkbox"/> Licensed Master Social Worker, including Limited Permit (LP-LMSW) | <input type="checkbox"/> Registered Professional Nurse | <input type="checkbox"/> Registered Occupational Therapist |
| <input type="checkbox"/> Certified by the National Board for Certified Counselors | <input type="checkbox"/> Licensed Nurse Practitioner | <input type="checkbox"/> Certified Rehabilitation Counselor |
| <input type="checkbox"/> Licensed Mental Health Counselor, including Limited Permit (LP-LMHC) | <input type="checkbox"/> Licensed Psychologist | <input type="checkbox"/> Licensed Creative Arts Therapist |
| <input type="checkbox"/> Licensed Marriage and Family Therapist | <input type="checkbox"/> Other: _____ | |

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

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

• Period covered in professional relationship with applicant (six month minimum): _____ To _____
(Month/Year) (Month/Year)

• Evaluator's Employer During Professional Relationship: _____

• Evaluator's 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

CREDENTIALIAED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC) APPLICATION

PART B – EVALUATION OF COMPETENCY AND ETHICAL CONDUCT

The CASAC and CASAC Trainee:

- (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.

EVALUATOR SUMMARY:

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

- I ENDORSE THIS APPLICANT. I am not a relative or a subordinate.** I have no reservations regarding the applicant's ethical conduct. The applicant meets or exceeds 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 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 *

* Must be dated within one year prior to submission of the Part B form. Forms not dated within one year prior to submission cannot be considered.

If you suspect an individual has violated the CASAC Canon of Ethical Principles, Misconduct, or Other Prohibited Acts, please call the OASAS Credentialing Unit at 1-800-482-9564 (option 5).

PART C – WORK EXPERIENCE

Approved Work Experience

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 monthly, on-site and documented clinical supervision by a QHP (as defined on page 16);
- 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 QHP:
 - Screening
 - Intake
 - Counseling
 - Case Management
 - Orientation
 - Assessment, Evaluation and Intervention
 - Crisis Intervention
 - Reporting and Record Keeping
 - Referral
 - Treatment Planning
 - Patient Education
 - Consultation with Other Professionals

To satisfy the 6,000 hour work experience requirement, a **minimum** of 2,000 hours **must** be gained during the five years **prior** to the submission of a Work Experience Verification Record.

OASAS strongly encourages that the **majority** of your work experience be **devoted to the practice of alcoholism and/or substance abuse counseling**.

You must document a minimum of 6,000 hours (approximately three years full-time) of supervised experience in an **approved work setting**. An approved work setting means:

- (1) It is operated by OASAS (i.e., Addiction Treatment Centers) and/or it holds a valid OASAS operating certificate to provide treatment services. **Please note work experience performed post 7/1/18 must be in compliance with the SUD Counselor Scope of Practice**
<https://www.oasas.ny.gov/system/files/documents/2019/09/Scopes%20of%20Practice.pdf>.
- (2) It is a program that includes alcoholism and/or substance abuse treatment consistent with OASAS' standards and is licensed and/or operated by another recognized State or Federal authority to include the Indian Health Service and Veterans Administration (e.g., OMH).
- (3) It is a **non-certified setting** which involves **the legal provision of chemical dependency services** and which affords the opportunity to establish proficiency in one or more of the professional competencies associated with a credential administered by OASAS and on-site supervision by a QHP meeting the supervisory standards established by OASAS. **Only 50 percent of the required work experience may be obtained in this work setting.**

Work experience may **not** include any experience gained as part of, or required under, participation as a patient in a formal problem gambling program or a formal alcoholism and/or substance abuse treatment/aftercare program and/or plan.

CREDENTIALLED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC) APPLICATION

PART C – WORK EXPERIENCE (continued)

Academic Degrees

Substitution of an Associate's Degree, Bachelor's Degree or Master's (or higher) Degree in an **approved Human Services Field** (see below list) for work experience **must** be supported by either an academic transcript or a copy of your diploma from an accredited college or institution which **clearly states the approved Human Services Field**. The following academic degree substitutions may be claimed toward satisfying the 6,000 hour work experience requirement. **Only one academic degree substitution may be applied:**

- **Associate's Degree** -- May be substituted for a maximum of 1,000 hours of work experience.
- **Bachelor's Degree** -- May be substituted for a maximum of 2,000 hours of work experience.
- **Master's (or higher) Degree** -- May be substituted for 4,000 hours of work experience.

Examples of approved Human Services Fields include:

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

Note: Other degrees may be considered if at least 50 percent of the coursework is in the Human Services Field.

It is very important to note the following:

- Certificates of Advanced Study and Teaching Certificates are **not** considered or comparable to attainment of a degree.

Did you know that all CASACs, CASAC Trainees, and Applicants are Mandated Reporters?

It is a Mandated Reporter's legal duty under the New York State Protection of People with Special Needs Act (the Act) to report Abuse, Neglect and Significant Incidents involving vulnerable persons to the Vulnerable Persons' Central Register (VPCR).

The Justice Center operates a centralized, statewide toll-free hotline and incident reporting system, known as the Vulnerable Persons Central Register (VPCR), which receives and tracks allegations of abuse and neglect 24 hours a day, 7-days a week.

The Justice Center Hotline number is 1-855-373-2122.

TTY 1-855-373-2123

PART C – WORK EXPERIENCE VERIFICATION CHECKLIST

Please remember to:

- Complete the Applicant Consent to Release Information section of Part C (Work Experience Verification Record Form) and provide the form to your supervisor for each provider/employer from which work experience and/or Supervised Training hours are being claimed.
 - Part C does **not** need to be submitted at this time to be eligible for a CASAC Trainee **unless** you are using work experience towards the requirements (see page 3 of this application).
- Include a copy of at least one current credential or license claimed by your clinical supervisor.
- Include a copy of the employer's operating certificate/license if applicable.
- The certification at the bottom of page 19 must include the signature of the:
 - Authorized Representative (for paid work experience)
 - or**
 - clinical supervisor (for volunteer/non-paid work experience).
- Include total numbers of hours worked in clock hours. Days/weeks worked will not be accepted.
- Check work setting #3 for a non-certified setting, if applicable.

CREDENTIALLED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC) APPLICATION

PART C – WORK EXPERIENCE VERIFICATION RECORD FORM

THIS SECTION TO BE COMPLETED BY THE APPLICANT – CONSENT TO RELEASE INFORMATION – Please print clearly

LAST NAME: _____ FIRST NAME: _____ SSN #: **XXX-XX-** _____

Consent to Release Information -- By my signature below, I am authorizing the provider/person identified below to provide information and documentation to OASAS. I attest that the work experience hours claimed were **NOT** gained during the course of, or as part of, my participation as a patient in a formal alcoholism and/or substance abuse treatment/aftercare program and/or plan.

Applicant Signature

Date

THIS SECTION TO BE COMPLETED BY THE APPLICANT'S SUPERVISOR – Must be a Qualified Health Professional (QHP)

This form 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 and dated 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. Questions may be directed to the OASAS Credentialing Unit at 1-800-482-9564 (option 2).

PROVIDER/EMPLOYER NAME: _____

UNIT WHERE APPLICANT WORKED: _____

OASAS OPERATING CERTIFICATE #: _____ WORK SITE TELEPHONE NUMBER: () _____

WORK ADDRESS (Must match OASAS Operating Certificate as listed above):

Street

City/Town/Village

State

Zip Code

TYPE OF WORK SETTING – Check Only One:

- (1) It is operated by OASAS (i.e., Addiction Treatment Centers) and/or it holds a valid OASAS operating certificate to provide treatment services or a similar license or approval from another state.
- (2) It is a program that includes alcoholism and/or substance abuse treatment consistent with OASAS' standards and is licensed and/or operated by another recognized State or Federal government authority to include the Indian Health Service and Veterans Administration.
- (3) It is a non-certified setting which involves: (1) the legal provision of chemical dependency services; (2) the opportunity to establish proficiency in one or more of the professional competencies associated with a credential administered by OASAS; and (3) on-site supervision by a QHP meeting the supervisory standards established by OASAS. Only 50 percent of the required work experience may be obtained in this work setting.

* NOTE: If you've chosen work setting #3, you are not authorized to provide Individual/Group Counseling (chemical dependence) and/or Treatment Planning. Provision of such services may require OASAS certification.

SUPERVISED PRACTICAL TRAINING/SUPERVISOR CERTIFICATION

Supervised Practical Training must be specific to alcoholism and substance abuse counseling for Work Settings #2 and #3.

Must include weekly, onsite, and documented clinical supervision by a QHP.

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), the supervisor provided supervised practical training to the applicant as part of his/her work experience.

The supervisor has reviewed the records and certifies that the information provided on the supervised practical training of the above-named applicant is true to the best of their knowledge and belief.

* In accordance with Mental Hygiene Law 32.05, it is important to note that, if you are providing Individual/Group Counseling (chemical dependence) and/or Treatment Planning, your program may require certification by OASAS.

SUPERVISED PRACTICAL TRAINING:	# HOURS:
• Screening _____	_____
• Intake _____	_____
• Referral _____	_____
• Orientation _____	_____
• Treatment Planning * _____	_____
• Case Management _____	_____
• Crisis Intervention _____	_____
• Counseling * _____	_____
• Patient Education _____	_____
• Assessment, Evaluation and Intervention _____	_____
• Reporting and Record Keeping _____	_____
• Consultation with Other Professionals _____	_____
TOTAL # HOURS:	_____

THE REVERSE SIDE MUST BE COMPLETED IN ITS ENTIRETY

Standardized Curriculum

Together with certified Education and Training Providers, OASAS has developed a 350-Hour certificate program to serve as the basis for a standardized, comprehensive CASAC curriculum. This program was developed to assure that all CASAC applicants have adequate exposure to the full range of substance use disorder (SUD) counselor competencies consisting of knowledge, skills and/or attitudes in physical and pharmacological effects, diversity in different treatment approaches (including medication-supported recovery), and an emphasis on professional and ethical responsibilities. It became effective on January 1, 2014.

Academic Transcript

An academic transcript through an accredited institution may be submitted toward meeting the education and training requirement. The transcript must contain sufficient coursework to complete a **full section** (i.e., Section I – 85 clock hours; Section II – 150 clock hours; Section III – 70 clock hours; and Section IV – 45 clock hours).

One college credit (graduate or undergraduate) is equivalent to 15 education clock hours.

<p>NOTE: You must submit documentation to support all education and training being claimed in the form of an academic transcript or OASAS standardized certificate of completion. All documents must include your name; the name of the educational institution or training provider; title of the course or training; date of completion; and number of clock hours associated with completion of the course or training.</p>

Minimum Requirements - Summary

Section I – Knowledge of Alcoholism and Substance Abuse (85 clock hours)

Section I must include the following course content:

- **A minimum of 4 hours in this section MUST be related to tobacco use and nicotine dependence.**
- **Basic Knowledge: Physical and Pharmacological Effects.**
- **Overview of the Addictions Field.**
- **Diversity of Intervention and Treatment Approaches.**
- **Introduction to Diagnostic Criteria.**
- **Knowledge of 12 Step and Mutual Aid Groups.**
- **Toxicology Testing/Screening.**

Section II – Alcoholism and Substance Abuse Counseling (150 clock hours)

Section II must include the following course content:

- **A minimum of 15 hours in this section MUST be related to cultural competence.**
- **Individual Counseling and Group Counseling.**
- **Counseling Special Populations/Cultural Competency.**
- **Effects on Family - Counseling Families and Significant Others.**
- **Theories of Human Development and the Relationship to Substance Abuse.**
- **Health, Wellness and Communicable Diseases.**

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

Section III must include the following course content:

- **Assessment and Evaluation.**
- **Treatment Planning, Client Record Keeping and Discharge Planning.**

Section III (continued)

- Case Management, Referral and Service Coordination.
- Patient, Family and Community Education and Prevention.

Section IV – Professional and Ethical Responsibilities (45 clock hours) Section IV must include the following course content:

- A minimum of 15 hours in this section **MUST** be specific to Ethics for Addiction Professionals.
- A minimum of 2 hours in this section **MUST** include Child Abuse and Maltreatment: Mandated Reporter training (available free of charge at: www.nysmandatedreporter.org).
- Counselor-Client Relationships.
- Ethical Decision Making and Conduct.
- Confidentiality/Legal Issues.
- Counselor Wellness.

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**, as it is your responsibility to maintain a copy of the application and all associated documentation.

PART D – EDUCATION AND TRAINING CHECKLIST

Please remember to:

- Attach either a Certificate of Completion for the standardized curriculum of 350 hours and/or academic transcripts.
 - Transcripts must include your name, name of institution, type of degree granted, major or field of concentration, titles of coursework, date of completion, and grade.
 - Include course descriptions for the applicable academic coursework submitted.

Protect People with Special Needs

**If You See or Suspect
Abuse or Neglect**

Report It



Call the Vulnerable Persons Central Register Hotline
Toll Free: **1-855-373-2122**
TTY: 1-855-373-2123



Hotline receives calls 24 hours a day, seven days a week.