NEW YORK STATE | Office of Addiction Services and Supports

PLEASE TYPE ALL INFORMATION

TRAINING PROVIDER NAME:

INSTRUCTOR QUALIFICATIONS FORM

Individuals must have a minimum of two years of teaching/training delivery and/or vast knowledge in the subject area in order to apply.

Instructor Name:

Instructor Address:

Instructor Telephone No.: Work: ( ) Home: ( ) Cell: ( )

Degrees and Certifications (List all degrees/credentials/certifications relevant to course work/training to be delivered which are held by the instructor Please include the licensing state for out of state credentials):

- ☐ **Credentialed Alcoholism and Substance Abuse Counselor (CASAC) #**
- ☐ **Credentialed Prevention Professional (CPP) or Credentialed Prevention Specialist (CPS) #**
- ☐ **Credentialed Problem Gambling Counselor (CPGC) #**
- ☐ **Social Worker: LMSW** ☐ **LCSW (including R)** ☐ **#**
- ☐ **Medical Professional: MD** ☐ **Psychiatrist** ☐ **Pharm.D** ☐ **RN** ☐ **LPN** ☐ **#**
- ☐ **Counseling Professional: LMHC** ☐ **Psychologist** ☐ **#**
- ☐ **Other (Please include the licensing state for out of state credentials):**

Work Experience (List the instructors work experience relevant to the training/course work to be delivered):

Training Experience: Document teachings/trainings, relevant to this course work/training, which have been delivered over the past two years to include: total number of hours of delivery for each; title of trainings delivered/courses taught; location of training deliveries/courses taught and references/contact information for verification of training delivery. Also, if possible, please include letter of reference verifying training(s) delivered.

Other Qualifications (to include information relative to vast knowledge of subject/content area):