



Office of Addiction Services and Supports

OASAS. Every Step of the Way.

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):