

## **Credential Upgrade Application Packet**

Credentialed Alcoholism and Substance  
Abuse Counselor (CASAC)

CASAC 2

CASAC – Advanced Counselor

CASAC – Master Counselor



**Office of Addiction  
Services and Supports**

**OASAS. Every Step of the Way.**

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

## PURPOSE OF THE CASAC CREDENTIAL

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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 Substance Use Disorder (SUD) services workforce. To ensure that counselors who provide direct care in SUD programs are competent and ethical in their work and skilled in meeting the needs of today's society, OASAS issues a professional credential -- the Credentialed Alcoholism and Substance Abuse Counselor (CASAC) -- to individuals who meet specific eligibility requirements and pass appropriate examinations. To ensure continued competence and maintenance of skills, the CASAC must be renewed every three years. In addition, OASAS offers levels of the CASAC based on the SUD Counselor Scope of Practice; CASAC 2, CASAC Advanced Level and CASAC Master Level.

## CREDENTIAL UPGRADE PROCESS

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### Application

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This CASAC Upgrade Application may be used in between renewal periods to apply for a different CASAC level. You may also wait until your next renewal period to request the upgrade at which time there will not be an additional upgrade fee. **This application is only for current CASACs requesting a level upgrade outside of their usual renewal period.** CASAC-T's, CASAC-P's or individuals with a non-CASAC credential or with an expired CASAC are not eligible to upgrade.

A completed Upgrade Application and supporting documentation must be submitted to the OASAS Credentialing Unit and your application will be reviewed to ensure that all upgrade requirements have been satisfied. **APPLICATIONS ARE REVIEWED IN THE ORDER THEY ARE RECEIVED.** Based on the findings of the review, your application will be determined to be either incomplete or approved.

**It is important to note that processing of recredentialing applications and follow up correspondence will take priority over processing of upgrade requests. Therefore, the Credentialing Unit asks that you do not contact our office to inquire on the status of your upgrade.**

### Incomplete Applications

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If your application is determined to be incomplete, you will be sent an Application Review Summary that identifies documentation still needed. If the documentation that is still needed **is not received prior to the expiration date of your credential, your credential will expire and you will be subject to a late fee.**

### Approved Applications

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When your application is approved, you will be issued a new CASAC certificate, which will display the new credential level. The issue date on the certificate will be updated, but the expiration date will remain the same.

## FEE SCHEDULE

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All fees are **non-refundable**. Checks or money orders **must** be made payable to NYS OASAS. Please do not send cash.

**\$50 CASAC Upgrade Fee** – An upgrade in CASAC level may be requested at any time, as long as your credential is active and in good standing. This fee does not apply if done during the renewal process, only if requested outside the 120 days prior to credential expiration.

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

**GENERAL APPLICATION INSTRUCTIONS**

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These instructions are intended to guide you in completing your upgrade application. Please **read** the following **before** preparing your application.

- **Please print legibly in ink.**
- Be sure to include documentation in the form of:
  - certificates of completion for the Clinical Supervision Foundations I and II courses; and
  - academic transcripts to support the education and training being claimed. Transcripts must include your Major of Study and the date the degree was conferred
- **Do not bind or laminate any part of your application.**
- **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.
- Submit the completed **original** application forms, including the Counselor Upgrade Request Form (page 6), all required documentation, and the applicable **non-refundable** \$50 upgrade fee (in the form of a check or money order made payable to NYS OASAS) to:

**NYS OASAS  
Attn: Credentialing Unit  
1450 Western Avenue  
Albany, NY 12203-3526**

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

**CASAC UPGRADE REQUEST**

The Counselor Scope of Practice establishes a framework for a career ladder with minimum qualifications and defined Scopes of Practice for the Counselor Assistant, CASAC-Trainee, CASAC-Provisional, CASAC, CASAC Level 2, CASAC Advanced Level, and CASAC Master Level. It is important to note that CASACs may not work outside of their Scope of Practice. **PLEASE NOTE: The Scope of Practice only pertains to those individuals employed in an OASAS certified treatment program.**

<b>LAST NAME:</b>		<b>FIRST NAME:</b>		<b>CREDENTIAL #:</b>	
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**PREFERRED FIRST NAME:** \_\_\_\_\_

*\*Must submit attestation on pg. 6 if utilizing a preferred name*

Please indicate the level you are applying for and include the associated documentation with your application as follows:

**CASAC 2**

Transcript or diploma verifying completion of an associate’s degree or higher in an approved human services field. Refer to the OASAS website for a list of approved human services fields:  
<https://www.oasas.ny.gov/credentialing/approved-human-services-degrees>

**CASAC ADVANCED LEVEL**

Transcript or diploma verifying completion of a bachelor’s degree or higher; and

Certificates of completion for 30 hours of approved Clinical Supervision training\*

**CASAC MASTER LEVEL**

Transcript/diploma verifying completion of a master’s degree or higher in an approved human services field. Refer to the OASAS website for a list of approved human services fields:  
<https://www.oasas.ny.gov/credentialing/approved-human-services-degrees>; and

Certificates of completion for 30 hours of approved Clinical Supervision training\*; and

Maintained CASAC credentialed status for past three years

*\*Clinical Supervision Foundations I is a 14-hour, self-paced online course that may be accessed at <http://healthknowledge.org/>.*

*\*Clinical Supervision Foundations II is a 16-hour face-to-face training. A list of the providers offering the course can be found at <https://webapps.oasas.ny.gov/training/providers.cfm?providerType=CSF2>.*

**OASAS CREDENTIALING ATTESTATION FOR UTILIZING A PREFERRED NAME**

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Please initial each statement to attest that you have carefully read, understand, and will abide by the requirements for utilizing a preferred first name on some documents needed for obtaining and maintaining an OASAS credential.

\_\_\_\_\_ I am requesting to utilize a preferred first name for some of my OASAS Credentialing submissions that are not currently my legal name and I have indicated as such on my application by entering my preferred first name in addition to my legal name.

\_\_\_\_\_ I understand that I must utilize my legal name for the following required documentation submissions:

- Application Legal Name
- Transcripts (official and unofficial)
- Diploma name
- Any section in the application that requires a signature
- Any required acknowledgement of receipt of an OASAS CASAC Complaint, Investigation and/or Determination Letter
- All signatures and registration for Criminal Background Checks. Fingerprinting, Exam Registration and Reciprocity

\_\_\_\_\_ I understand that I may choose to use my preferred first name on the following required documents for submission:

- Any training certificates or professional activities forms
- Any communication with OASAS Credentialing Unit regarding my application, review summary or other questions

\_\_\_\_\_ I understand that if I change my legal name, I am required to notify the OASAS Credentialing Unit and provide legal proof of the name change. OASAS must issue a credential utilizing the legal name.

\_\_\_\_\_ I understand that both my legal name and preferred first name will show up on the OASAS Credential Verification page.

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By my signature below, I am attesting that the information provided is true and correct to the best of my knowledge. All statements made in connection with this application are subject to investigation and verification. Falsification or omission of information in this attestation may result in administrative action against me by OASAS, including denial of my application and/or revocation of any OASAS issued credential that I hold. I understand that knowingly making a false statement on this application or any attachment or supporting document is punishable as a misdemeanor pursuant to Section 210.45 of the NYS Penal Law.

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**Signature**

**Print Name**

**Date**