



VERIFICATION OF EMPLOYMENT OR INTENT TO HIRE FOR CASAC-PROVISIONAL CANDIDATES

This Form Is Intended Only For Those Applying For The CASAC-Provisional

Date: _____

OASAS Provider Name: _____

Address of Provider: _____

(Must be the same address on operating certificate where employee will be working. Operating Certificate must be attached to this document when submitted back to the Candidate)

City _____ State _____ Zip Code _____

Candidate Name: _____

Candidate Title: _____

Employment or Internship Start Date: _____

If Current Intern, Expected Date of Graduation: _____

Must submit final degree and transcript to the Credentialing Unit upon completion

QHP Clinical Supervisor Name: _____

QHP Clinical Supervisor Title: _____

By signing this letter, we attest that we will ensure that the employee's work hours will be supervised by an appropriate Qualified Health Professional (QHP) clinical supervisor as outlined in the Clinical Supervisor definition and all staff will work within the OASAS Scope of Practice. Work experience will include practice in the job-related responsibilities of a substance use counselor and include a minimum of 300 hours of Supervised Practical Training in the twelve core functions (a minimum of 10 hours in each function) as outlined in the CASAC application. Additionally, we will ensure that the employee completes the 350 hours of education and mandatory one-time requirements for the CASAC in a timely manner to ensure they become eligible to sit for the CASAC exam.

Authorized Representative*: _____

Print Name and Title

Authorized Representative: _____

Signature and Date

*Authorized representative must be the Program Director or Human Resources Representative.