



Education and Training Provider Certification Application

PART A - EDUCATION AND TRAINING PROVIDER CERTIFICATION INFORMATION AND AGREEMENT FOR PROVIDERS OF THE 350-HOUR, 250-HOUR, AND 120-HOUR STANDARDIZED CURRICULUM

(Information Must Be Legible)

EDUCATION AND TRAINING PROVIDER (ETP) INFORMATION

EDUCATION AND TRAINING PROVIDER NAME:				
EDUCATION AND TRAINING PROVIDER ADDRESS:		EDUCATION AND TRAINING PROVIDER #:		ETP EXPIRATION DATE:
Can this information be released to the public? Yes No		COUNTY:		
NAME OF AUTHORIZED REPRESENTATIVE:			TITLE OF AUTHORIZED REPRESENTATIVE:	
NAME OF CONTACT PERSON:			TITLE OF CONTACT PERSON:	
CONTACT PERSON TELEPHONE # / EMAIL ADDRESS:			CONTACT PERSON FAX NO.:	
WEBSITE ADDRESS:			LANGUAGES TRAINING IS OFFERED IN:	
TYPE OF REQUEST:	New Provider Application	Add New Coursework	ETP Recertification	Modify Previously Approved Coursework
Academic CASAC 350-Hour Certificate Program (Use Section C: form PDS-17.4A) CPP 250-Hour and CPS 120-Hour (Use Part D: form PDS-17.5)				
Type of Degree to be Offered: Doctorate Masters Bachelors Associates Certificate/Continuing Education				
Community Based 350-Hour Certificate Program (Use Section C: form PDS-17.4CB) CPP 250-Hour and CPS 120-Hour (Use Part D: form PS-17.5)				
Section Training (Use Section C: form PDS-17.4) CPP 250-Hour and CPS 120-Hour (Use Part D: form PDS-17.5)				

Education and Training Providers certified by the New York State Office of Alcoholism and Substance Abuse Services (OASAS) must comply with the following. Failure to comply may result in termination of Certification.

<p><u>Quality Assurance:</u></p> <ol style="list-style-type: none"> Develop and maintain a quality level of education and training consistent with the information presented in this Application Ensure appropriate class size (i.e. no more than 30 students for a clinical skills transfer class). Ensure that class schedule does not exceed 8 hours of direct training per day and breaks are provided at least every three hours and longer breaks during meal times. Conduct periodic curricula review to ensure that content and materials are up to date and consistent with current research. Maintain an attendance record for each student enrolled. Student records must include: name of course/training; date of class delivery; date of completion; hours of completion and history of certificates issued to student, the one-time requirement certificates, and date of issuance of such. Such records must be maintained on file for seven (7) years and made available to OASAS upon request. Issue the OASAS Standardized Certificate of Completion to participants as documentation of successful completion of course work (to include partial completion of the full 350 hours of education and training, if applicable). This documentation must be provided to students upon completion of training. Issuance of the OASAS Standardized Certificate of Completion is only permitted for the total clock hours of direct training completed by participants verified through student records and/or sign in sheets. Acceptance of the OASAS Standardized Certificate of Completion from other OASAS Certified Education and Training Providers toward the 350-hour education and training requirement. Cooperate with OASAS Staff Compliance Visits and submit sign-in sheets, evaluations and/or other materials as requested by OASAS. Utilize the OASAS Training Catalog to schedule upcoming trainings through registration on the Provider Scheduling System. https://webapps.oasas.ny.gov/training/secured//index.cfm Report quarterly to OASAS using the approved reporting form on trainings held and number of participants trained. 	<p><u>Ethics:</u></p> <ol style="list-style-type: none"> Ensure your organization is in good standing with all pertinent certification bodies and contractors. Ensure all staff, including contractors, credentials/licenses are current and in good standing and not knowingly misrepresent the purpose or limitations of provider certification to participants and/or the general public. Provide accurate information on education and training section determinations required for initial credentialing. <p><u>For on-going review and approval, the following must be submitted:</u></p> <ol style="list-style-type: none"> Amended and/or new training. Changes in Authorized Representative, Education and Training Provider Name, contact name/information, training location(s). Instructor changes to include submission of new instructor qualifications (PDS-17.3) <p><u>Recertification (Three Year Certification Period)</u></p> <ol style="list-style-type: none"> ETPs are sent recertification instructions prior to expiration. (Please refer to ETP Certification Application Packet for instructions). If there is no response to the recertification packet, ETP certification will be inactivated. ETPs will be notified by letter with instructions for future certification. <p>The Education and Training Provider submitting this Application affirms that the course work/training described in the Application will be delivered in the manner stated. Failure to provide course work/training in the manner stated in the Application may be grounds for rescinding provider certification. Only course work/training submitted to and approved by OASAS may be identified and promoted by an Education and Training Provider through its OASAS Education and Training Provider Certificate.</p>
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OASAS reserves the right to rescind an Education and Training Provider Certification, if the provider fails to comply with any of the above standards. Rescission shall be upon written notice from OASAS. The provider may, at the discretion of OASAS, submit a written corrective action plan to address identified deficiencies and OASAS may reinstate certification if it deems the corrective action plan satisfactory. If Certification is rescinded, the provider may submit a new Application after one year.

I agree to abide by the above-stated requirements and understand that these are the conditions under which Education and Training Provider Certification is granted and maintained.

SIGNATURE OF AUTHORIZED REPRESENTATIVE (REQUIRED)	DATE:
SIGNATURE OF CONTACT PERSON (REQUIRED)	DATE: