



**Office of Addiction
Services and Supports**

OASAS. Every Step of the Way.

KATHY HOCHUL
Governor

CHINAZO CUNNINGHAM, MD
Commissioner

Credentialed Alcoholism and Substance Abuse Counselor

APPLICATION

CREDENTIALLED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC) APPLICATION

PURPOSE OF THE CASAC

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 the Credentialed Alcoholism and Substance Abuse Counselor (CASAC) to individuals who meet specific eligibility requirements and pass an examination. The CASAC Trainee and the CASAC Provisional Certificates serve as verification that the individual is working toward becoming a CASAC. **No person shall use the title CASAC to engage in private practice unless otherwise authorized by law.**

CASAC-TRAINEE AND CASAC-PROVISIONAL

The CASAC-Trainee and CASAC-Provisional certificate is issued to notify an employer that you are a person who has completed a specified level of education and training towards a CASAC but whose scope of practice is limited by standards established by the Office. Please see the Scope of Practice Checklist for further information. **Please note:** a person will only be issued ONE of these certificates based on eligibility requirements.

CREDENTIALING PROCESS

To become a CASAC in New York State, you must: (1) meet specific competency and ethical conduct requirements; (2) meet specific work experience requirements; (3) meet minimum education and training requirements; (4) successfully complete a criminal background check review; and (5) pass the International Certification and Reciprocity Consortium, Inc. (IC&RC) examination for Alcohol and Drug Counselors (ADC).

Application

Upon receipt by the OASAS Credentialing Unit, your application will be reviewed to ensure that the minimum eligibility requirements have been satisfied. Based on the findings of this review, your application will be determined to be either incomplete or approved. **An application is active five years from the date the Credentialing Unit performs an initial review.**

Incomplete Applications

If your application is determined to be incomplete, you will be mailed a CASAC Application Review Summary identifying documentation still needed to complete your application. **If you are unable to submit the identified documents by the end of the five-year period, your application will not be approved, and you will not be issued a CASAC credential.** To be considered for a CASAC in the future, you will be required to submit a new application, associated documentation, and an additional \$100 Application Processing Fee.

Extensions

Applicants who hold a CASAC-T or CASAC-P that are exam eligible prior to their five-year expiration date will be eligible for a one-time, three-year extension for a \$100 fee.

Minimum Qualifications

To apply to become a CASAC you must:

- be at least 18 years of age
- have earned at least a: (1) High School Diploma (obtained from institutions recognized by the New York State Department of Education or its equivalent); **or** (2) High School Equivalency (HSE)
- at the time of credentialing, lived or worked in New York State at least 51 percent of the time during an active application.

CREDENTIALLED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC) APPLICATION

EXAMINATION AND FEES

Exam

Eligibility for the IC&RC Alcohol and Drug Counselor (ADC) exam may be met by satisfactorily completing the 350 educational hours and one-time requirements (see Part D). The ADC exam is offered on a weekly basis. The exam is computer-based and offered in person at sites across the state. You will be mailed an exam registration form upon becoming eligible to sit for the exam. Further instructions on selecting an exam date and location are emailed from the testing company approximately two weeks after an examination registration form and fee are received by the Credentialing Unit.

Fees

All fees are **non-refundable, regardless of the results of your criminal background check**. Fees **must** be in the form of a **check** or **money order** made payable to NYS OASAS. Please do not send cash.

\$100 Application Processing Fee

\$245 Computer Based Examination Fee -- Do not send examination fees until your application has been approved and you have been notified that you are exam-eligible.

\$25 Failure to Update Contact Information Fine

\$100 CASAC Trainee and CASAC Provisional Extension Fee

<p>You do not need to send \$100 every time you submit additional documentation for review. The \$100 application fee covers administrative services provided during the five-year period that your application is active.</p>

CASAC REQUIREMENTS

- \$100 Application Processing Fee
- Part A - Application Summary form
- Preferred Name Attestation form (if applicable)
- Canon of Ethical Principles, and Misconduct form
- NYS Justice Center Code of Conduct form
- Copy of diploma or transcript to verify your highest level of completed education (**must include graduation date**)
Copy of your OASAS 350-hour standardized training certificate **OR** academic transcript(s) to satisfy the 350-hour requirement and one-time education requirements listed in Part D
- Part B - Two Evaluation of Competency and Ethical Conduct forms
- Part C - Work Experience Verification Record form documenting a minimum of 6000 hours of approved work experience; a college degree with a concentration in an approved human services field may be claimed for satisfying some of the work experience
- Part D - 350 hours of Education and mandatory one-time requirements
- Successful completion of the IC&RC Alcohol and Drug Counselor exam
- Criminal Background Check

CREDENTIALLED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC) APPLICATION GENERAL APPLICATION INSTRUCTIONS

These instructions are intended to guide you in completing your application to become a CASAC, CASAC-Trainee or CASAC-Provisional. Please **read** the following information **before** preparing your application.

- Make a copy of the Application Packet to use as a working draft **before** preparing your application. After completing the working draft, enter the final information onto the original application.
- **Please print clearly. The application is also available on-line at <https://www.oasas.ny.gov/casac-application-pds-11> and may be completed on your computer.**
- **Applications which are not signed and dated will be returned.**
- If applying for CASAC-Provisional you must include the "Verification of Employment or Intent to Hire For CASAC-Provisional Certificate" form on page 6, otherwise, you will be considered for a CASAC-Trainee.
- **Make a copy of the completed application, including all the documentation and attachments, for your records. The application and all accompanying documents will become the property of OASAS and will not be returned.** This will be very important should your application expire before you fulfill all the requirements, as you would then be required to submit a new application and all associated documentation.
- Submit the completed original application and required documentation. Attach the Application Processing Fee to the completed Part A - Application Summary Form. The Application Processing Fee must be payable to "NYS OASAS".

Please mail your application to:

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

To maintain the accuracy of the Credentialing database, **please report** all changes in your postal address, e-mail address, telephone number, and/or your name, in writing and **within ten business** days, by e-mail to credentialing@oasas.ny.gov or by postal service:

NYS OASAS
ATTN: Credentialing Unit
1450 Western Avenue
Albany NY 12203

You may also update your information using the Addictions Professionals Information Change Form located on the OASAS website at:
<https://webapps.oasas.ny.gov/credentialingverification/verification/changeContact.cfm>

Failure to comply with this requirement may result in the expiration of the application, or imposition of penalties or other remedial actions, and a \$25 Failure to Update Contact Information Fine, as defined in Part 853, Credentialing of Addictions Professionals.

COUNSELOR SCOPE OF PRACTICE CHECKLIST

[The Counselor Scope of Practice](#)* establishes a framework for a career ladder with minimum qualifications defined in the scope of practice for the Counselor Assistant, CASAC-Trainee, CASAC-Provisional, CASAC, CASAC Level 2, CASAC Advanced Counselor and CASAC Master levels. **It is important to note that any CASAC can only perform the specific allowable functions outlined in the OASAS scope of practice.**

NOTE: The following will help you to determine what path is appropriate for you and guide you in completing your application.

CASAC Trainee (CASAC-T)

- Minimum education level is high school diploma or GED/High School Equivalency
- 350 Hours of education and one-time requirements (See Part D) **OR**
- 85 hours education from Section I and one-time requirements (See Part D), 15 hours of addiction specific ethics for counselors from Section IV **AND** 4000 hours of approved work experience (See Part C)
- Background check

CASAC Provisional (CASAC-P)

- Bachelor's or Master's Degree in an [approved Human Services Field](#) (**MUST** submit college transcript)
- Completed Verification of Employment or Intent to Hire form on Page 6. **Form must be submitted with application.**
- Mandatory One-Time requirements as determined by the Office
- Background check

To become eligible to sit for the exam, CASAC-T and CASAC-P applicants must complete the 350 hours of education and one-time education requirements.

PLEASE NOTE:

An application is active for five years from the date of your first review. If you do not meet the requirements to complete the CASAC process by your expiration date and you are exam eligible, you will be eligible for a one-time, three-year extension. If you do not become exam eligible by your expiration date you will need to submit a new application and application processing fee.

IMPORTANT NOTICE TO CASAC PROVISIONAL APPLICANTS

If you do not include a Verification of Employment/Intent to Hire form with your application, you will be considered for a CASAC-Trainee certificate, **not** the CASAC Provisional.

*<https://www.oasas.ny.gov/credentialing/scopes-practice>

CREDENTIALLED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC) APPLICATION

COUNSELOR SCOPE OF PRACTICE CHECKLIST (Continued)

CASAC

- Minimum education level is high school diploma or GED/High School Equivalency
- Two Evaluation of Ethical Competency and Ethical Conduct forms (Part B)
- 6000 hours of work experience (Part C)
- 350 education hours and one-time education requirements (Part D)
- Background check

CASAC 2

- Minimum education level is an Associate's Degree in an [approved Human Services Field](#)*
- Two Evaluation of Ethical Competency and Ethical Conduct forms
- 6000 hours of work experience
- 350 education hours and one-time education requirements
- Background check

CASAC Advanced Counselor

- Acquisition of the CASAC
- Transcript verifying completion of a bachelor's degree; and
- Certificate(s) of completion for 30 hours of [Clinical Supervision training](#)**

CASAC Master

- Transcript/diploma verifying completion of a master's degree in an [approved human services field](#)*; **AND**
- Certificate(s) of completion for 30 hours of approved [Clinical Supervision training](#)**; **AND**
- Maintained CASAC credentialed status for past three years

*Refer to the OASAS website for a list of approved human services field at:

<https://oasas.ny.gov/system/files/documents/2019/11/approved-human-services-degrees.pdf>

**Clinical Supervision Foundations I is a 14-hour, self-paced online course that may be accessed at:

<http://healthknowledge.org/course/index.php?categoryid=56>.

Clinical Supervision Foundations II is a 16-hour classroom training. A course schedule of upcoming training opportunities for Foundations II is located at <https://webapps.oasas.ny.gov/training/providers.cfm?provide>

**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 Start Date: _____ If Current Intern,
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.**

**Definition of Clinical Supervisor: https://oasas.ny.gov/system/files/documents/2022/06/administrative_clinical-supervision.pdf

***Scope of Practice: <https://oasas.ny.gov/system/files/documents/2022/08/scopes-of-practice.pdf>

CREDENTIALIAED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC) APPLICATION

PART A - APPLICATION SUMMARY FORM

Important Note: Documentation submitted without this form will not be processed, will be returned, and will delay the review of your application.

PERSONAL INFORMATION -- PLEASE PRINT CLEARLY

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

PREFERRED NAME: _____ MUST SUBMIT ATTESTATION FOR UTILIZING A PREFERRED NAME (PAGE 10)

IF YOU HAVE BEEN KNOWN BY ANY OTHER NAME(S), PLEASE PROVIDE: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____ DATE OF BIRTH: _____ / _____ / _____
Full 9-digit Number is Required Month Day Year

*MAILING ADDRESS: _____ Street Address Apt. #

_____ City/Town/Village State Zip Code County of Residence

HOME TELEPHONE NUMBER: () _____ CELL PHONE NUMBER: () _____

E-MAIL ADDRESS: _____
 Please note that you may be contacted via this e-mail regarding your Application. PLEASE **DO NOT** USE A WORK EMAIL ADDRESS.

**FAILURE TO NOTIFY OASAS OF ANY ADDRESS CHANGE MAY RESULT IN EXPIRATION OF CREDENTIAL AND/OR IMPOSITION OF A FINE*

DEMOGRAPHIC INFORMATION -- OPTIONAL

<p>Ethnicity:</p> <input type="checkbox"/> White (Non-Hispanic) <input type="checkbox"/> Black (Non-Hispanic) <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Other: _____	<p>Gender:</p> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary <input type="checkbox"/> Transgender <input type="checkbox"/> Do Not Wish to Disclose	<p>Military Service:</p> <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If applicable, I would identify myself as a person:</p> <input type="checkbox"/> in recovery from addiction(s). <input type="checkbox"/> recovering from the effects of addiction(s) in my family.		

EDUCATIONAL INFORMATION -- ATTACH PROOF OF HIGHEST LEVEL COMPLETED

GED/HSE High School Diploma Associate's Degree Bachelor's Degree Master's Degree Doctoral Degree

PROFESSIONAL INFORMATION – ATTACH COPY OF LICENSE OR CERTIFICATION

<input type="checkbox"/> Licensed Clinical Social Worker <input type="checkbox"/> Licensed Master Social Worker (including Limited Permit LP-LMSW) <input type="checkbox"/> Certified by National Board for Certified Counselors <input type="checkbox"/> Licensed Mental Health Counselor (including Limited Permit (LP-LMHC)) <input type="checkbox"/> Licensed Marriage and Family Therapist	<input type="checkbox"/> Registered Occupational Therapist <input type="checkbox"/> Certified Rehabilitation Counselor <input type="checkbox"/> Licensed Creative Arts Therapist <input type="checkbox"/> Physician <input type="checkbox"/> Physician's Assistant <input type="checkbox"/> Registered Professional Nurse	<input type="checkbox"/> Licensed Nurse Practitioner <input type="checkbox"/> Licensed Psychologist <input type="checkbox"/> Licensed Psychoanalyst <input type="checkbox"/> Therapeutic Recreation Specialist <input type="checkbox"/> Certified Addiction Recovery Coach <input type="checkbox"/> Certified Recovery Peer Advocate
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OASAS CREDENTIALING ATTESTATION FOR UTILIZING A PREFERRED FIRST NAME

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

_____ I am requesting to utilize a preferred 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 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 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 name will show up on the OASAS Credential Verification page.

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.

Applicant Signature

Print Name

Date

CANON OF ETHICAL PRINCIPLES

LAST NAME: _____ **FIRST NAME:** _____ **MI:** _____

Please initial each number of the Canon of Ethical Principles to attest that you have carefully read, understand, and agree to abide by Section 853.19 of the Part 853 Regulation governing the Credentialing of Addictions Professionals. The attestation on the bottom of the next page must also be signed and dated. **Failure to return these initialed, signed, and dated pages will delay the processing of your application.**

The CASAC must:

- _____ (1) Practice objectivity and integrity; maintain the highest standards in the services offered; respect the values, attitudes and opinions of others; and provide services only in an appropriate professional relationship.
- _____ (2) Not discriminate in work-related activities based on age, race, creed, color, national origin, religion, sexual orientation, gender identity or expression, military status, sex, disability, predisposing genetic characteristics, familial status, marital status or domestic violence victim status or any other basis proscribed by law.
- _____ (3) Respect the integrity and protect the welfare of the person or group with whom the counselor is working.
- _____ (4) Embrace, as a primary obligation, the duty of protecting the privacy of service recipients and must not disclose confidential information or records under their control in strict accordance with federal, state and local laws.
- _____ (5) Not engage in dual relationships as defined in this Part. If a credentialed professional engages in conduct contrary to this prohibition or claims that an exception to this prohibition is warranted because of extraordinary circumstances, it is the credentialed professional who assumes the full burden of demonstrating that the former service recipient has not been exploited, coerced, or manipulated, intentionally or unintentionally.
- _____ (6) Not engage in sexual activities or sexual contact with current or former service recipients (lack of consent is presumed).
- _____ (7) Not engage in behavior that is harassing or demeaning, including, but not limited to, sexual harassment.
- _____ (8) Not exploit service recipients or others over whom they have a position of authority.
- _____ (9) Treat colleagues and other professionals with respect, courtesy and fairness and cooperate in order to serve the best interests of service recipients.
- _____ (10) Notify appropriate authorities, including employers and OASAS, when they have direct knowledge of a colleague's impairment, Code of Conduct violations or misconduct which may interfere with treatment effectiveness and place service recipients and others at risk.
- _____ (11) Recognize the effects of their own impairment on professional performance and must not provide services which create conflict of interest or impair work performance and clinical judgment.
- _____ (12) Cooperate with investigations, proceedings, and requirements of OASAS or other authorities with jurisdiction over those charged with a violation of any statute, regulation or rule.
- _____ (13) Not participate in the filing of frivolous ethics complaints or which have a purpose other than to protect the public.
- _____ (14) Assure that financial practices are in accord with professional standards which safeguard the best interests of the service recipient, the counselor and the profession.
- _____ (15) Take reasonable steps to ensure documentation in records is accurate, sufficient and timely thereby ensuring appropriateness and continuity of services provided to service recipients.
- _____ (16) Uphold the legal and accepted moral codes which pertain to professional conduct.
- _____ (17) Recognize the need for ongoing education to maintain current competence, and to improve expertise and skills.
- _____ (18) Acknowledge the limits of present knowledge in public statements concerning alcoholism and substance abuse. The Credentialed Alcoholism and Substance Abuse Counselor must report fairly and accurately appropriate information and must acknowledge and document materials and techniques used.
- _____ (19) Assign credit to all who have contributed to published material and for the work upon which publication is based.
- _____ (20) Strive to inform the public of the effects of alcoholism and substance abuse. The Credentialed Alcoholism and Substance Abuse Counselor must adopt a personal and professional stance which promotes the well-being of the recovery community.

MISCONDUCT

LAST NAME: _____ **FIRST NAME:** _____ **MI:** _____

Please initial each number of the Misconduct Acts to attest that you have carefully read, understand, and agree to abide by Sections 853.13 of the Part 853 Regulation governing the Credentialing of Addictions Professionals. The attestation on the bottom of this page must also be signed and dated. **Failure to return these pages will delay the processing of your application.**

The following shall constitute misconduct by a CASAC:

- _____ (1) Obtaining the credential or designation fraudulently.
- _____ (2) Practicing or providing services fraudulently, with gross incompetence, with gross negligence on a particular occasion or negligence or incompetence on more than one occasion, or otherwise acting contrary to the interests of a service recipient.
- _____ (3) Practicing or providing services while under the influence of alcohol and/or other substances.
- _____ (4) Violating any term or condition or limitation imposed by the Office on the credentialed professional.
- _____ (5) Refusing to provide services to a person, individual, organization or community because of race, creed, color, gender, age, disability, national origin, sexual orientation, or socioeconomic status.
- _____ (6) Being convicted of or committing an act constituting a crime under New York state law, federal law, or the law of another jurisdiction which, if committed within New York, would constitute a crime in this state.
- _____ (7) Promoting the inappropriate sale of services, goods, property or drugs in such manner as to exploit a service recipient for the financial gain of the certified/credentialed professional or of a third party.
- _____ (8) Directly or indirectly offering, giving, soliciting or receiving, or agreeing to receive, any fee, or other consideration to or from a third party for the referral of a service recipient in connection with the performance of addiction services.
- _____ (9) Entering into a dual relationship with a service recipient or former service recipient that is outside the boundaries of professional conduct.
- _____ (10) Initiating or pursuing a romantic, sexual or otherwise sexually exploitive relationship or committing sexual misconduct with a service recipient or past service recipient using romantic/sexual comments or touch, romantic/sexual contact in written, telephonic, or electronic format including but not limited to social media, text messaging, email, photos, videos or recordings of a romantic or sexual nature.
- _____ (11) Engaging in any conduct which would constitute a "reportable incident" as such terms are defined in Part 836 of this Title.
- _____ (12) Failure by the applicant or credentialed professional to notify the Office of any disciplinary action taken against him or her as the holder of any other license or certification issued by New York state or any other federal or state authority.
- _____ (13) Professional misconduct as the holder of another license or credential.
- _____ (14) Unlawful use of the title Credentialed Alcoholism and Substance Abuse Counselor, Credentialed Alcoholism and Substance Abuse Counselor Trainee, Credentialed Alcoholism and Substance Abuse Counselor Provisional, Credentialed Prevention Professional, Credentialed Prevention Specialist or Credentialed Problem Gambling Counselor, including use of such title if a credential is inactive, suspended, expired or revoked, or is pending approval of reciprocity.
- _____ (15) No person shall use any of the following titles to engage in private practice unless otherwise authorized by law: Credentialed Alcoholism and Substance Abuse Counselor, Credentialed Alcoholism and Substance Abuse Counselor Trainee, Credentialed Alcoholism and Substance Abuse Counselor Provisional, Credentialed Prevention Professional (CPP), Credentialed Prevention Specialist, or Credentialed Problem Gambling Counselor.
- _____ (16) Knowingly working outside of the scope of practice of the credential as applicable in the work setting.

I, the undersigned applicant, have received as part of this Application, and have read, understand, and agree to abide by the Part 853 Regulation governing the Credentialing of Addictions Professionals, which includes the Canon of Ethical Principles and Misconduct. I also understand that any questions regarding the interpretation of the Part 853 Regulation (Credentialing of Addiction Professionals), especially as it relates to ethical and professional standards, may be directed to the Credentialing Unit at credentialing@oasas.ny.gov. Any CASAC, CASAC Trainee, CASAC Provisional or applicant who engages in any misconduct as identified by the Part 853 Regulation governing the Credentialing of Addictions Professionals shall be subject to one or more of the following penalties or as otherwise authorized by law: Administrative Reprimand, Suspension, Denial of Renewal/Reinstatement, Revocation, Fines, and Annulment.

APPLICANT SIGNATURE

DATE

New York State Justice Center for the Protection of People with Special Needs

CODE OF CONDUCT FOR CUSTODIANS OF PEOPLE WITH SPECIAL NEEDS

Revised January 21, 2016

Introduction

The Code of Conduct, as set forth in the Code of Conduct itself, sets forth a framework intended to assist impacted employees to help people with special needs "live self-directed, meaningful lives in their communities, free from abuse and neglect, and protected from harm," in addition to the specific guidance provided by the agency's policies and training.

Similarly, the Notice to Mandated Reporters contains guidance designed to assist mandated reporters, and is intended to provide a summary of reporting obligations for mandated reporters. It is not intended to supplement or in any way add to the reporting obligations provided by law, rule, or regulation.

As provided by law, rule, or regulation, only custodians who have or will have regular and direct contact with vulnerable persons receiving services or support from facilities or providers covered by the *Justice Center Act* must sign that they have read and understand the Code of Conduct.

The framework provides:

1. Person-Centered Approach

My primary duty is to the people who receive supports and services from this organization. I acknowledge that each person of suitable age must have the opportunity to direct his or her own life, honoring, where consistent with agency policy, their right to assume risk in a safe manner, and recognizing each person's potential for lifelong learning and growth. I understand that my job will require flexibility, creativity and commitment. Whenever consistent with agency policy, I will work to support the individual's preferences and interests.

2. Physical, Emotional and Personal Well-being

I will promote the physical, emotional and personal well-being of any person who receives services and supports from this organization, including their protection from abuse and neglect and reducing their risk of harm to others and themselves.

3. Respect, Dignity and Choice

I will respect the dignity and individuality of any person who receives services and supports from this organization and honor their choices and preferences whenever possible and consistent with agency policy. I will help people receiving supports and services use the opportunities and resources available to all in the community, whenever possible and consistent with agency policy.

4. Self-Determination

I will help people receiving supports and services realize their rights and responsibilities, and, as consistent with agency policy, make informed decisions and understand their options related to their physical health and emotional well-being.

5. Relationships

I will help people who receive services and supports from this organization maintain or develop healthy relationships with family and friends. I will support them in making informed choices about safely expressing their sexuality and other preferences, whenever possible and consistent with agency policy.

THE REVERSE SIDE MUST BE COMPLETED IN ITS ENTIRETY

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CODE OF CONDUCT FOR CUSTODIANS OF PEOPLE WITH SPECIAL NEEDS (continued)

6. Advocacy

I will advocate for justice, inclusion and community participation with, or on behalf of, any person who receives services and supports from this organization, as consistent with agency policy. I will promote justice, fairness and equality, and respect their human, civil and legal rights.

7. Personal Health Information and Confidentiality

I understand that persons served by my organization have the right to privacy and confidentiality with respect to their personal health information and I will protect this information from unauthorized use or disclosure, except as required or permitted by law, rule or regulation.

8. Non-Discrimination

I will not discriminate against people receiving services and supports or colleagues based on race, religion, national origin, sex, age, sexual orientation, economic condition or disability.

9. Integrity, Responsibility and Professional Competency

I will reinforce the values of this organization when it does not compromise the well-being of any person who receives services and supports. I will maintain my skills and competency through continued learning, including all training provided by this organization. I will actively seek advice and guidance of others whenever I am uncertain about an appropriate course of action. I will not misrepresent my professional qualifications or affiliations. I will demonstrate model behavior to all, including persons receiving services and supports.

10. Reporting Requirement

As a mandated reporter, I acknowledge my legal obligation under *Social Services Law §491*, as may be amended from time to time or superseded, to report all allegations of reportable incidents immediately upon discovery to the Justice Center's Vulnerable Persons' Central Register by calling 1-855-373-2122.

CODE OF CONDUCT¹ ACKNOWLEDGMENT FOR CUSTODIANS OF PEOPLE WITH SPECIAL NEEDS

I pledge to prevent abuse, neglect, or harm toward any person with special needs consistent with agency policy. In addition, to the extent I am required to report abuse, neglect, or harm of any person with special needs by law, rule, or regulation, I agree to abide by the law, rule, or regulation. If I learn of, or witness, any incident of abuse, neglect or harm toward any person with special needs, I will offer immediate assistance, notify emergency personnel, including 9-1-1, and inform the management of this organization, consistent with agency policy.

I acknowledge that I have read and that I understand the Code of Conduct.

Signature	Print Name	Date
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¹ No aspect of this Code of Conduct is in any way intended to interfere, abridge, or infringe upon the rights provided by the *Taylor Law*.

PART B - EVALUATION OF COMPETENCY AND ETHICAL CONDUCT

You must have **two** individuals complete an Evaluation of Competency and Ethical Conduct for you. Evaluations must be submitted on the Part B - *Evaluation of Competency and Ethical Conduct* form (pages 17 & 18) of this Application Packet.

All evaluators must have **direct knowledge** of your **SUD-related work experience in an OASAS approved treatment setting** observed for a **minimum of six months**, and may **not** be a family member, subordinate, instructor or professor. Evaluators must meet the following qualifications:

- One evaluator must be your **current clinical supervisor** who is an Advanced or Master CASAC or a NYSED licensed Qualified Health Professional (QHP) who meets the supervisory standards established by OASAS. If you were **previously** employed in the SUD field and are **currently** employed in a non-OASAS setting, an evaluation by your **former** clinical supervisor **must** be submitted. A copy of their license and/or credentials should be included with the form.
- **If working in an OASAS certified program**, one evaluator must be a **current New York State CASAC** in good standing, otherwise an evaluation from a current CASAC or a person holding a comparable credential, certificate or license from another recognized certifying body as determined by OASAS. This may be another Qualified Health Professional that meets the requirement determined by the Credentialing Unit.
- Hold a current reciprocal-level credential issued by another member board of the IC&RC.
- A QHP is an individual who has a **minimum of one year** of experience **or** satisfactory completion of a training program in the treatment of substance use disorders, and who is:
 - a CASAC who has a current valid credential issued by OASAS, or a comparable credential, certificate or license from another recognized certifying body as determined by OASAS;
 - a professional licensed and currently registered as such by the New York State Education Department to include:
 - a physician, including doctor of medicine (M.D.) and doctor of osteopathy (D.O.);
 - a physician's assistant (PA);
 - a certified nurse practitioner;
 - a registered professional nurse (RN);
 - a psychologist;
 - a psychoanalyst, including Limited Permit;
 - an occupational therapist;
 - a marriage and family therapist (LMFT), including Limited Permit;
 - a creative arts therapist (LCAT), including Limited Permit;
 - a mental health counselor (LMHC), including Limited Permit (LP-LMHC); and
 - a social worker (LMSW; LCSW), including an individual with a Limited Permit Licensed Master Social Worker (LP-LMSW) only if such person has a permit which designates the OASAS-certified program as the employer and is under the general supervision of a LMSW or a LCSW.
 - a professional listed below who is in good standing with the appropriate licensing or certifying authority:
 - a rehabilitation counselor certified by the Commission of Rehabilitation Counselor Certification;
 - a therapeutic recreation therapist certified by the National Council on Therapeutic Recreation or the American Therapeutic Recreation Association; or a person who holds a baccalaureate degree in a field allied to therapeutic recreation and, either before or after receiving such degree, has five years of full-time, paid work experience in an activities program in a health care setting;
 - a counselor certified by and currently registered as such with the National Board for Certified Counselors.

Evaluations must be from an OASAS approved treatment setting. Evaluations are not acceptable from a work setting #3 (see Work Experience).

PART B - EVALUATION OF COMPETENCY AND ETHICAL CONDUCT (continued)

Instructions

- Make copies of the Evaluation form for each evaluator.
- Complete the Applicant Consent to Release Information section of the Evaluation of Competency and Ethical Conduct form and provide the form to each evaluator. Be sure it is dated within one year of submission. **Please do not complete any other part of the form yourself.**
- Request that the evaluator complete the evaluation, discuss the evaluation with you, and return the completed form to you, with any other required documentation. **Evaluations must be completed by the evaluator, signed and dated within one year prior to submission.**
- Review forms for completeness before submitting.
- Evaluations cannot be accepted from a work setting #3

NOTE: The Credentialing Unit does not intervene with workplace issues if a supervisor/evaluator refuses to provide an evaluation.

If you suspect an individual has violated the CASAC Canon of Ethical Principles, or Misconduct, submit a CASAC Complaint form found here
https://oasas.ny.gov/system/files/documents/2023/05/casac_complaint_form.pdf



CREDENTIALLED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC) APPLICATION

PART B - EVALUATION OF COMPETENCY AND ETHICAL CONDUCT FORM

APPLICANT TO COMPLETE THIS SECTION - CONSENT TO RELEASE INFORMATION – Please Print Clearly

LAST NAME: _____ FIRST NAME: _____ SSN #: **XXX-XX-** _____

By my signature below, I am authorizing the provider/person identified below to provide information and documentation to NYS OASAS.

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.

_____ **Applicant Signature** _____ **Date** _____

NOTE TO APPLICANT: Please do not fill out any part of the form from this point on yourself.

EVALUATOR TO COMPLETE FROM THIS POINT FORWARD -- Please Print Clearly and Answer ALL Questions

PLEASE NOTE: The evaluator may not be a relative or subordinate of the applicant.

Information and Instructions to Evaluator: The above-named individual is applying to OASAS to become a CASAC. As part of the application process, the applicant has selected you as one of two persons who is considered competent to judge their ethical conduct. **Do not complete the Evaluation of Competency and Ethical Conduct unless the above release is signed and dated.** Please return this completed form to the applicant with any other documentation required. If you have any questions related to this form, or to the evaluation process, please email the OASAS Credentialing Unit at Credentialing@oasas.ny.gov

NOTE: Do not sign this form if not completed by you. Forms completed by the applicant may be denied.

EVALUATOR NAME: _____ WORK SITE PHONE NUMBER: **()** _____

CURRENT PROVIDER/EMPLOYER: _____ CURRENT JOB TITLE: _____

PHYSICAL WORK ADDRESS: _____
Street City/Town/Village State Zip Code

PROFESSIONAL INFORMATION -- Check all credentials/licenses that verify your status as a QHP. As a QHP, you **must** have had **at least** one year of experience in the treatment of SUD or have completed a formal training program in the treatment of SUD in accordance with the Part 800.3 Regulation (OASAS Treatment Services: General Provisions).

Attach a copy of at least one of the current credentials claimed.

- | | | |
|---|--|---|
| <input type="checkbox"/> CASAC Advanced Counselor # _____ | <input type="checkbox"/> Physician | <input type="checkbox"/> Licensed Psychoanalyst |
| <input type="checkbox"/> CASAC Master Counselor # _____ | <input type="checkbox"/> Physician's Assistant | <input type="checkbox"/> Therapeutic Recreation Specialist |
| <input type="checkbox"/> Licensed Clinical Social Worker | <input type="checkbox"/> Registered Professional Nurse | <input type="checkbox"/> Registered Occupational Therapist |
| <input type="checkbox"/> Licensed Master Social Worker, including Limited Permit (LP-LMSW) | <input type="checkbox"/> Licensed Nurse Practitioner | <input type="checkbox"/> Certified Rehabilitation Counselor |
| <input type="checkbox"/> Certified by the National Board for Certified Counselors | <input type="checkbox"/> Licensed Psychologist | <input type="checkbox"/> Licensed Creative Arts Therapist |
| <input type="checkbox"/> Licensed Mental Health Counselor, including Limited Permit (LP-LMHC) | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Licensed Marriage and Family Therapist |

EVALUATOR KNOWLEDGE OF APPLICANT -- Check the box that describes your **current** relationship to the applicant.

Work setting must be OASAS approved (Setting # 1 or #2) or evaluation cannot be considered.

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Current Clinical Supervisor | <input type="checkbox"/> Co-Worker | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Former Clinical Supervisor | <input type="checkbox"/> Former Co-Worker | |

- Period covered in professional relationship with applicant (six month minimum): _____ **To** _____
(Month/Year) (Month/Year)
- **Evaluator's Employer** During Professional Relationship: _____
- **Evaluator's Job Title** During Professional Relationship: _____
- **Applicant's Employer** During Professional Relationship: _____
- **Applicant's Job Title** During Professional Relationship: _____

CREDENTIALLED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC) APPLICATION

PART B - EVALUATION OF COMPETENCY AND ETHICAL CONDUCT FORM (Cont'd)

Per OASAS Part 853.19 Credentialing of Addictions Professionals, the CASAC, CASAC Trainee, and CASAC Provisional:

- (1) Practice objectivity and integrity; maintain the highest standards in the services offered; respect the values, attitudes and opinions of others; and provide services only in an appropriate professional relationship.
- (2) Not discriminate in work-related activities based on age, race, creed, color, national origin, religion, sexual orientation, gender identity or expression, military status, sex, disability, predisposing genetic characteristics, familial status, marital status or domestic violence victim status or any other basis proscribed by law.
- (3) Respect the integrity and protect the welfare of the person or group with whom the counselor is working.
- (4) Embrace, as a primary obligation, the duty of protecting the privacy of service recipients and must not disclose confidential information or records under his/her control in strict accordance with federal, state and local laws.
- (5) Not engage in dual relationships as defined in this Part. If a credentialed professional engages in conduct contrary to this prohibition or claims that an exception to this prohibition is warranted because of extraordinary circumstances, it is the credentialed professional who assumes the full burden of demonstrating that the former service recipient has not been exploited, coerced, or manipulated, intentionally or unintentionally.
- (6) Not engage in sexual activities or sexual contact with current or former service recipients (lack of consent is presumed).
- (7) Not engage in behavior that is harassing or demeaning, including, but not limited to, sexual harassment.
- (8) Not exploit service recipients or others over whom they have a position of authority.
- (9) Treat colleagues and other professionals with respect, courtesy and fairness and cooperate in order to serve the best interests of service recipients.
- (10) Notify appropriate authorities, including employers and OASAS, when they have direct knowledge of a colleague's impairment, Code of Conduct violations or misconduct which may interfere with treatment effectiveness and place service recipients and others at risk.
- (11) Recognize the effects of their own impairment on professional performance and must not provide services which create conflict of interest or impair work performance and clinical judgment.
- (12) Cooperate with investigations, proceedings, and requirements of OASAS or other authorities with jurisdiction over those charged with a violation of any statute, regulation or rule.
- (13) Not participate in the filing of frivolous ethics complaints or which have a purpose other than to protect the public.
- (14) Assure that financial practices are in accord with professional standards which safeguard the best interests of the service recipient, the counselor and the profession.
- (15) Take reasonable steps to ensure documentation in records is accurate, sufficient and timely thereby ensuring appropriateness and continuity of services provided to service recipients.
- (16) Uphold the legal and accepted moral codes which pertain to professional conduct.
- (17) Recognize the need for ongoing education to maintain current competence, and to improve expertise and skills.
- (18) Acknowledge the limits of present knowledge in public statements concerning alcoholism and substance abuse. The Credentialed Alcoholism and Substance Abuse Counselor must report fairly and accurately appropriate information and must acknowledge and document materials and techniques used.
- (19) Assign credit to all who have contributed to published material and for the work upon which publication is based.
- (20) Strive to inform the public of the effects of alcoholism and substance abuse. The Credentialed Alcoholism and Substance Abuse Counselor must adopt a personal and professional stance which promotes the well-being of the recovery community.

EVALUATOR SUMMARY:

Please check one of the following boxes and provide comments below as appropriate.

- I ENDORSE THIS APPLICANT. I am not a relative or a subordinate.** I have no reservations regarding the applicant's ethical conduct. The applicant meets or exceeds ethical standards. To the best of my knowledge, the applicant has no current problem with alcohol, other drugs or any other addictions or conditions which might interfere with his/her ability to perform as a CASAC. I have discussed this endorsement with the applicant.
- I DO NOT ENDORSE THIS APPLICANT.** I have serious reservations about the applicant's ethical conduct or other condition which could interfere with his/her ability to perform as a CASAC. I have discussed these reservations with the applicant.
- I AM UNABLE TO EVALUATE THIS APPLICANT.**

COMMENTS : _____

EVALUATOR ATTESTATION -- I have directly observed and provided my best independent judgment of the applicant's work as a **substance use disorders counselor for a minimum of six months**. I have not been influenced by the opinions of any other person. I will not discuss or reveal the content of this evaluation with any person other than the applicant in that I consider it to be confidential and private.

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. 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.

Evaluator Signature

Date *

*** Must be dated within one year prior to submission of the Part B form. Forms not dated within one year prior to submission cannot be considered.**

PART C - WORK EXPERIENCE

Work experience claimed must:

- who include the provision of documented supervision of direct services provided to service recipients;
- include practice specific to SUD counseling in the following professional tasks: **SUD assessment, -intervention, referral, and SUD counseling in both individual and group settings;**
- include a minimum of monthly, on-site and documented clinical supervision by a QHP who is licensed by the New York State Department of Education or an Advanced or Master CASAC;
- be integrated with the SUD services delivery system for consultation and referrals;
- include practice in SUD counseling to establish and maintain recovery and prevent relapse;
- include a minimum of 300 hours of Supervised Practical Training (SPT). Each of the following 12 Core Functions must have been performed for a minimum of 10 hours, under the supervision of a QHP **meeting the supervisory standards established by OASAS:**
 - Screening
 - Intake
 - Counseling
 - Case Management
 - Orientation
 - Assessment and Intervention
 - Crisis Intervention
 - Reporting and Record Keeping
 - Referral
 - Treatment Planning
 - Service Recipient Education
 - Consultation with Other Professionals

To satisfy the 6,000 hour work experience requirement, a **minimum** of 2,000 hours **must** be gained during the five years **prior** to the submission of a Work Experience Verification Record.

OASAS strongly encourages that the **majority** of your work experience be **devoted to the practice of SUD counseling**.

You must document a minimum of 6,000 hours (approximately three years full-time) of supervised experience in an **approved work setting**. An approved work setting means:

It is operated by OASAS (i.e., Addiction Treatment Centers) and/or it holds a valid OASAS operating certificate to provide treatment services. **Please note that work experience performed post 7/1/18 must be in compliance with the SUD Counselor Scope of Practice** <https://www.oasas.ny.gov/credentialing/scopes-practice>.

(1) It is a program that includes SUD treatment consistent with OASAS' standards and is licensed and/or operated by another recognized State or Federal authority to include the Indian Health Service and Veterans Administration (e.g., OMH).

It is a **non-certified setting** which involves **the legal provision of addiction services** and which affords the opportunity to establish proficiency in one or more of the professional competencies associated with a credential administered by OASAS and on-site supervision by a QHP meeting the supervisory standards established by OASAS. **Only 50 percent of the required work experience may be obtained in this work setting.**

INSTRUCTIONS– PLEASE READ CAREFULLY

- Do not complete the form yourself. Forms completed by the applicant may be denied.
- If program is not OASAS certified, must include a copy of the operating certificate.
- A copy of your supervisor's license and/or credentials should be included with the Part C form.
- Each form must also verify practice in one or more of the job-related job responsibilities.
- Submit two separate forms for work experience prior to 7/1/18 and post the Scope of Practice, if applicable.
- If non-paid or internship, QHP supervisor can complete the first page of form. Human Resources certification is not required.

PART C - WORK EXPERIENCE (continued)

Academic Degrees

Substitution of an associate’s degree, bachelor’s degree or master’s (or higher) degree in an approved human services field (see below list) for work experience must be supported by either an academic transcript or a copy of your diploma from an accredited college or institution which clearly states the approved human services field and graduation date. The following academic degree substitutions may be claimed towards satisfying the 6,000 hour work experience requirement.

Only one academic degree substitution may be applied:

- Associate’s Degree -- May be substituted for a maximum of 1,000 hours of work experience.
• Bachelor’s Degree -- May be substituted for a maximum of 2,000 hours of work experience.
• Master’s (or higher) Degree -- May be substituted for 4,000 hours of work experience.

Examples of approved Human Services Fields include:

- Anthropology, Art/Dance Therapy, Audiology, Child Development/Family Relations, Community Mental Health, Chemical Dependence Administration, Counseling/Guidance, Criminal Justice, Divinity/Religion/Theology, Drama Therapy, Education, Gerontology, Public Health Administration, Health Education, Speech Pathology, Human Services, Music Therapy, Nursing/Medicine, Nutrition, Occupational Therapy, Pastoral Counseling, Physical Therapy, Psychology, Recreational Therapy, Rehabilitation Counseling, Social Work, Sociology, Special Education, Vocational Counseling

NOTE: Other degrees may be considered if at least 50 percent of the coursework is in the Human Services Field. Must submit your transcript for review.

It is very important to note the following:

- Certificates of Advanced Study and Teaching Certificates are not considered or comparable to attainment of a degree.

Work experience may not include any experience gained as part of, or required under, participation as a service recipient in a formal problem gambling program or a formal SUD treatment/aftercare program and/or plan.

Did you know that all CASACs, CASAC Trainees, CASAC Provisionals and Applicants are Mandated Reporters?
It is a Mandated Reporter’s legal duty under the New York State Protection of People with Special Needs Act (the Act) to report Abuse, Neglect and Significant Incidents involving vulnerable persons to the Vulnerable Persons’ Central Register (VPCR).
The Justice Center operates a centralized, statewide toll-free hotline and incident reporting system, known as the Vulnerable Persons Central Register (VPCR), which receives and tracks allegations of abuse and neglect 24 hours a day, 7-days a week.
The Justice Center Hotline number is 1-855-373-2122
TTY 1-855-373-2123

PART C – WORK EXPERIENCE VERIFICATION RECORD FORM

APPLICANT TO COMPLETE THIS SECTION - CONSENT TO RELEASE INFORMATION – Please Print Clearly

LAST NAME: _____ FIRST NAME: _____ SSN #: XXX-XX-

Consent to Release Information -- By my signature below, I am authorizing the provider/person identified below to provide information and documentation to OASAS. I attest that the work experience hours claimed were **NOT** gained during the course of, or as part of, my participation as a service recipient in a formal SUD treatment/aftercare program and/or plan.

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.

Applicant Signature _____ **Date**

NOTE TO APPLICANT: Do not fill out any part of the form from this point on yourself or the form may be denied.

THIS PAGE TO BE COMPLETED BY HUMAN RESOURCES REPRESENTATIVE OR AUTHORIZED REPRESENTATIVE ONLY

If non-paid or internship this part can be completed by the QHP Supervisor

SUPERVISOR NAME/TITLE: _____

PROVIDER/EMPLOYER NAME: _____

UNIT WHERE APPLICANT WORKED: _____

OASAS OPERATING CERTIFICATE #: _____ WORK SITE TELEPHONE NUMBER: (____) _____

WORK ADDRESS (Must match OASAS Certificate as listed above):

Street City/Town/Village State Zip Code

- (1) It is operated by OASAS (i.e., Addiction Treatment Centers) and/or it holds a valid OASAS operating certificate to provide treatment services or a similar license or approval from another state.
- (2) It is a program that includes SUD treatment consistent with OASAS' standards and is licensed and/or operated by another recognized State or Federal government authority to include the Indian Health Service and Veterans Administration.
- (3) It is a non-certified setting which involves: (1) the legal provision of addiction services; (2) the opportunity to establish proficiency in one or more of the professional competencies associated with a credential administered by OASAS; and (3) on-site supervision by a QHP meeting the supervisory standards established by OASAS. Only 50 percent of the required work experience may be obtained in this work setting.

*** NOTE: If you've chosen work setting #3, you are not authorized to provide Individual/Group Counseling (SUD) and/or Treatment Planning. Provision of such services may require OASAS certification.**

Applicant's Job Title: _____ Dates of Employment: _____ to _____
month/day/year month/day/year

Total # Clock Hours Actually Worked (excluding holidays, Vacation, sick leave, etc.): _____

Note: Work experience post 7/1/18 must be in compliance with the SUD Counselor Scope of Practice. Two separate forms may be required.

AUTHORIZED HUMAN RESOURCES/PAYROLL REPRESENTATIVE CERTIFICATION I have reviewed employment records and certify that the information provided on the work experience hours of the above-named applicant is true to the best of my knowledge and belief. I attest that the work experience hours claimed were not gained during the course of, or as part of, the applicant's participation as a service recipient in a formal SUD treatment/aftercare program and/or plan.

Name of Authorized Representative (Please Print): _____ Job Title: _____

Signature of Authorized Rep. Date () Work Site Telephone Number

CREDENTIALLED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC) APPLICATION

PART C – WORK EXPERIENCE VERIFICATION RECORD FORM (continued)

APPLICANT NAME: _____ **PROGRAM NAME:** _____

<p>Supervised Practical Training must be specific to SUD counseling for Work Settings #2 and #3.</p> <p>Must include weekly, onsite, and documented clinical supervision by a QHP meeting the supervisory standards established by OASAS.</p> <p>Each of the 12 Core Functions must have been performed for a minimum of 10 hours and a total of 300 hours under the supervision of a QHP meeting the supervisory standards established by OASAS. These minimum hours may be obtained from one or more supervisor(s)/provider(s)/ employer(s).</p> <p>In each of the following 12 Core Functions (areas of professional expertise), the supervisor provided supervised practical training to the applicant as part of his/her work experience.</p> <p>The supervisor has reviewed the records and certifies that the information provided on the supervised practical training of the above-named applicant is true to the best of their knowledge and belief.</p> <p>* In accordance with Mental Hygiene Law 32.05, it is important to note that, if you are providing Individual/Group Counseling (SUD) and/or Treatment Planning, your program may require certification by OASAS.</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">SUPERVISED PRACTICAL TRAINING:</td> <td style="width:20%; text-align: right;"># HOURS:</td> </tr> <tr> <td>• Screening _____</td> <td>_____</td> </tr> <tr> <td>• Intake _____</td> <td>_____</td> </tr> <tr> <td>• Referral _____</td> <td>_____</td> </tr> <tr> <td>• Orientation _____</td> <td>_____</td> </tr> <tr> <td>• Treatment Planning * _____</td> <td>_____</td> </tr> <tr> <td>• Case Management _____</td> <td>_____</td> </tr> <tr> <td>• Crisis Intervention _____</td> <td>_____</td> </tr> <tr> <td>• Counseling * _____</td> <td>_____</td> </tr> <tr> <td>• Service recipient Education _____</td> <td>_____</td> </tr> <tr> <td>• Assessment and Intervention _____</td> <td>_____</td> </tr> <tr> <td>• Reporting and Record Keeping _____</td> <td>_____</td> </tr> <tr> <td>• Consultation with Other Professionals _____</td> <td>_____</td> </tr> <tr> <td align="right">TOTAL # HOURS:</td> <td>=====</td> </tr> </table>	SUPERVISED PRACTICAL TRAINING:	# HOURS:	• Screening _____	_____	• Intake _____	_____	• Referral _____	_____	• Orientation _____	_____	• Treatment Planning * _____	_____	• Case Management _____	_____	• Crisis Intervention _____	_____	• Counseling * _____	_____	• Service recipient Education _____	_____	• Assessment and Intervention _____	_____	• Reporting and Record Keeping _____	_____	• Consultation with Other Professionals _____	_____	TOTAL # HOURS:	=====
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• Assessment and Intervention _____	_____																												
• Reporting and Record Keeping _____	_____																												
• Consultation with Other Professionals _____	_____																												
TOTAL # HOURS:	=====																												

<p>APPLICANT JOB RESPONSIBILITIES:</p> <p>During the dates of employment indicated below, the applicant was responsible for substance use disorder (SUD) related practice in the following areas (check all that apply):</p> <p>PLEASE NOTE AN APPLICANT MUST PERFORM ALL SIX JOB RESPONSIBILITIES FROM ONE OR MORE EMPLOYER(S) TO SATISFY THIS REQUIREMENT.</p>	<p><input type="checkbox"/> SUD Assessment</p> <p><input type="checkbox"/> Intervention</p> <p><input type="checkbox"/> Referral</p> <p><input type="checkbox"/> SUD Counseling (Individual) *</p> <p><input type="checkbox"/> SUD Counseling (Group) *</p> <p><i>* In accordance with Mental Hygiene Law 32.05, it is important to note that, if you are providing Individual/Group Counseling (SUD), your program may require certification by OASAS.</i></p>
---	---

QUALIFIED HEALTH PROFESSIONAL CERTIFICATION: Check all **current** credentials or licenses that verify your status as a QHP. **(attach a copy of license)**

<input type="checkbox"/> CASAC Advanced Counselor # _____ <input type="checkbox"/> CASAC Master Counselor # _____ <input type="checkbox"/> Licensed Clinical Social Worker <input type="checkbox"/> Licensed Master Social Worker, including Limited Permit (LP-LMSW) <input type="checkbox"/> Certified by the National Board for Certified Counselors <input type="checkbox"/> Licensed Mental Health Counselor, including Limited Permit (LP-LMHC)	<input type="checkbox"/> Physician <input type="checkbox"/> Physician's Assistant <input type="checkbox"/> Registered Professional Nurse <input type="checkbox"/> Licensed Nurse Practitioner <input type="checkbox"/> Licensed Psychologist <input type="checkbox"/> Other: _____	<input type="checkbox"/> Licensed Psychoanalyst <input type="checkbox"/> Therapeutic Recreation Specialist <input type="checkbox"/> Registered Occupational Therapist <input type="checkbox"/> Certified Rehabilitation Counselor <input type="checkbox"/> Licensed Creative Arts Therapist <input type="checkbox"/> Licensed Marriage and Family Therapy
--	---	--

I attest that, as a QHP meeting the supervisory standards established by OASAS, I have had at least one year of experience in the treatment of SUD or I have completed a formal training program in the treatment of SUD, and that the supervised training hours claimed above were not gained during the course of, or as part of, the applicant's participation as a service recipient in a formal SUD treatment/aftercare program and/or plan.

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 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.

Name of Applicant's Supervisor (Please Print): _____	Job Title: _____	
_____ Signature of Applicant's Supervisor	_____ Date	_____ () Work Site Telephone Number

PART D - EDUCATION AND TRAINING

Standardized Curriculum

Together with certified Education and Training Providers, OASAS has developed a 350-Hour certificate program to serve as the basis for a standardized, comprehensive CASAC curriculum. This program was developed to assure that all CASAC applicants have adequate exposure to the full range of SUD counselor competencies consisting of knowledge, skills and/or attitudes in physical and pharmacological effects, diversity in different treatment approaches (including medication-supported recovery), and an emphasis on professional and ethical responsibilities. **In addition to the 350 hours, OASAS requires mandatory one-time requirements to ensure applicants are further educated on current drug trends and Agency initiatives (See one-time requirements on page 25).**

Academic Transcript

An academic transcript through an accredited institution recognized by the U.S. Department of Education may be submitted to be reviewed for applicable coursework which may meet education and training requirements. You will receive a review summary that will notify you how much of your coursework was approvable.

One college credit (graduate or undergraduate) is equivalent to 15 education clock hours.

NOTE: You must submit documentation to support all education and training being claimed in the form of an academic transcript or OASAS standardized certificate of completion. All documents must include your name; the name of the educational institution or training provider; title of the course or training; date of completion; and number of clock hours associated with completion of the course or training.

Minimum Requirements - Summary

Section I – Knowledge of Substance Use Disorders (85 clock hours) Must include the following course content:

- **Medications for Addiction Treatment (MAT) training**
- **Basic Knowledge: Physical, Psychological, and Pharmacological Effects**
- **Overview of the Addictions Field**
- **Diversity of Intervention and Treatment Approaches**
- **Introduction to Diagnostic Criteria**
- **Knowledge of 12 Step and Mutual Aid Groups**
- **Toxicology Testing/Screening**

Section II – Alcoholism and Substance Abuse Counseling (150 clock hours) Must include the following course content:

- **A minimum of 15 hours in this section MUST be related to cultural humility**
- **Foundational Counseling Skills of Individual and Group Counseling**
- **Individual Counseling**
- **Group Counseling**
- **Counseling Special Populations/Cultural Humility**
- **Theories of Human Development and the Relationship to Substance Use**
- **Counseling and Communicating with Families and Significant Others**
- **Integrated Care**
- **Crisis Management**
- **Recurrence of Symptoms/Relapse Prevention**

PART D – EDUCATION AND TRAINING (continued)

Section III – Assessment; Clinical Evaluation; Treatment Planning; Case Management; and Service Recipient, Family and Community Education (70 clock hours) Must include the following course content:

- **Screening, Assessment and Evaluation**
- **Treatment Planning, Client Record Keeping and Discharge Planning**
- **Case Management, Referral and Service Coordination**
- **Service recipient, Family and Community Education and Prevention**

Section IV – Professional and Ethical Responsibilities (45 clock hours) Must include the following course content:

- **A minimum of 15 hours in this section MUST be specific to Ethics for Addiction Professionals**
- **A minimum of 2 hours in this section MUST include New York State Education Approved Training in Child Abuse and Maltreatment: Mandated Reporter (offered free of charge at: www.nysmandatedreporter.org). The certificate must be dated 11/1/22 or after to be accepted.**
- **Counselor-Client Relationships**
- **Ethical Decision Making and Conduct**
- **Confidentiality/Legal Issues**
- **Professional Development**
- **Counselor Wellness**

PLEASE NOTE THE FOLLOWING:

- OASAS reserves the right to verify all information and documents submitted with the application and/or request any additional information and documents.
- The application and all information and documents submitted with the application become the property of OASAS and will not be returned. **Keep a copy for your records**, as it is your responsibility to maintain a copy of the application and all associated documentation.

