



Return to: NYS OASAS Learning & Development Unit
FAX # (518) 485-8041 OR
SUBMIT VIA E-MAIL: training@oasas.ny.gov

PLEASE TYPE OR PRINT (all caps, in boxes)

First Name:

Grid of 14 boxes for first name input

Type here OR

PRINT here

(please put one capital letter in each box)

Last Name:

Grid of 20 boxes for last name input

Email Address:

Grid of 20 boxes for email address input

Agency:

Address:

Daytime Telephone(s):

Home Address:

CASAC: CASAC-T: CPP: CPS:

Other License/Credential(s):

Years in a clinically supervised counseling position:

Print Supervisor's Name

Supervisor's Signature

Please note: Applicants will be notified of acceptance via email and will need their acceptance email for admission.