

## **Application Packet**

Credentialed Alcoholism and  
Substance Abuse Counselor:

CASAC

CASAC 2

CASAC – Advanced Counselor



**Office of Addiction  
Services and Supports**

# CREDENTIALLED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC) APPLICATION

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

# 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 Certificate serves as documentation 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.**

## 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. **Applications are reviewed in the order they are received, and it may take an extended time to process due to the high volume received.**

### Incomplete Applications

If your application is determined to be incomplete, you will be mailed a CASAC Application Review Summary identifying noted deficiencies. **If you are unable to address the identified deficiencies 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.

**\*\*Please note there are no longer extensions for the CASAC-T. If you do not complete the application in the initial 5-year period, you will not be able to extend your application. Your CASAC-T will expire, and you must complete a new CASAC application. You will not be issued a subsequent CASAC-T certificate on future applications and you may not be able to perform CASAC-T level functions in OASAS certified programs as identified on the SUD Counselor Scope of Practice <https://www.oasas.ny.gov/system/files/documents/2019/09/Scopes%20of%20Practice.pdf>. \*\***

### 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);
- be proficient in English, including the ability to speak, write, comprehend orally, and read at a minimum level necessary to perform as a CASAC; and
- live or work in New York State at least 51 percent of the time during the application period.

### Examination

Eligibility for the IC&RC Alcohol and Drug Counselor (ADC) exam may be met by satisfactorily completing the 350 educational hours. The ADC exam is offered on a weekly basis.

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

# CREDENTIALLED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC) APPLICATION

## CREDENTIALING PROCESS (continued)



Your CASAC Application will remain active for a period of five years from the postmark date. A CASAC Trainee certificate may be obtained as an interim step to becoming a CASAC. If the requirements and successful completion of the exam are not met prior to the application expiration date, you may submit a new application to become credentialed in the future. **There is no longer an option for the CASAC Trainee certificate to be extended and it will not be re-issued again.**

## CASAC REQUIREMENTS

### CASAC

- Part A Application Summary form
- Canon of Ethical Principles, and Misconduct attestation form
- NYS Justice Center Code of Conduct form
- Copy of diploma or transcript to verify your highest level of education (**must include graduation date**)
- Copy of your OASAS 350-hour standardized training certificate **OR** academic transcript(s) to satisfy the requirement
- \$100 Application Processing Fee (certified check or money order)

**NOTE:** Applicants may obtain the CASAC Trainee Certificate and become exam eligible upon completion of the above requirements. The CASAC Trainee Certificate serves as documentation that you are working toward becoming a CASAC. The CASAC Trainee may be counted toward the Qualified Health Professional (QHP) staffing requirement for specific OASAS-certified providers. However, the CASAC Trainee Certificate will **not** authorize you to be considered a QHP for any other purpose.

- Two Part B 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
- Completion certificate for three hours of “Supporting Recovery with Medications for Addiction Treatment (MAT)” training (offered free of charge at: <http://healthknowledge.org/course/search.php?search=Medication+Assisted>)
- Successful completion of the IC&RC Alcohol and Drug Counselor exam

### CASAC 2

In addition to the above CASAC requirements:

- A copy of a diploma or transcript to verify completion of an associate’s degree in an OASAS approved human services field (see page 21). **The document must clearly state your major field of study and graduation date.**

### CASAC – Advanced Counselor

In addition to the CASAC requirements:

- A copy of a diploma or transcript to verify completion of a bachelor’s degree in **any** major field of study and graduation date
- Completion certificate(s) for 30 hours of training entitled, “Clinical Supervision Foundations I and II” (see page 5)

Applicants may also be eligible to receive the CASAC Trainee Certificate upon completion of 4000 hours of approved work experience (or master’s degree substitution for work experience), 85 clock hours of education and/or training related to the Knowledge of Substance Use Disorders (Section I) and 15 clock hours of education and /or training related to Ethics for Addictions Professionals (Section IV). Completion of these requirements, however, will **NOT** result in exam eligibility. **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/system/files/documents/2019/09/Scopes%20of%20Practice.pdf>.

# CREDENTIALLED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC) APPLICATION

## FEE SCHEDULE

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All fees are **non-refundable**, regardless of the results of your criminal background check. Fees **must** be in the form of a **certified check** or **money order** made payable to NYS OASAS. Personal checks will **not** be accepted, will be returned, and will delay processing of your application. 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**

**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.**

## GENERAL APPLICATION INSTRUCTIONS

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These instructions are intended to guide you in completing your application to become a CASAC or CASAC Trainee. 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.**
- **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 of this application. The Application Processing Fee must be payable to "NYS OASAS" and in the form of a **certified check** or **money order**.

Please mail your application to:

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

# CREDENTIALLED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC) APPLICATION

## COUNSELOR SCOPE OF PRACTICE CHECKLIST

The Counselor Scope of Practice establishes a framework for a career ladder with minimum qualifications and defined scope of practice for the CASAC, CASAC Level 2, and CASAC Advanced Counselor levels <https://www.oasas.ny.gov/credentialing/scopes-practice>. **It is important to note that CASACs may not work outside of their scope of practice.**

You may complete and submit additional requirements to upgrade your CASAC status to the CASAC 2 or CASAC Advanced Counselor prior to issuance of your credential. **A CASAC may upgrade their credentialed status at any time.** Please check the level you are applying for and include the associated documentation below with your application:

CASAC 1 (Minimum education level is high school or GED/High School Equivalency)

CASAC 2

Diploma or transcript verifying completion of an associate's degree in an approved human services field (must clearly state the major field of study and graduation date)

Refer to the OASAS website for a list of approved human services fields:

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

CASAC ADVANCED LEVEL

Transcript verifying completion of a bachelor's degree; and

Certificate(s) of completion for 30 hours of Clinical Supervision training\*

*\*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?providerType=CSF2>.*

# CREDENTIALLED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC) APPLICATION

## COUNSELOR SCOPE OF PRACTICE REQUIREMENTS

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### CASAC 2

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To qualify for the CASAC 2, you must possess an associate's degree in an approved human services field. Documentation in the form of a copy of a diploma or academic transcript which clearly states the major field of study and graduation date must be submitted. You may obtain a list of approved human services fields by visiting the OASAS website at <https://www.oasas.ny.gov/credentialing/approved-human-services-degrees>.

### CASAC – Advanced Counselor

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To be eligible for the CASAC Advanced Counselor, you must possess a bachelor's degree in any field and complete 30 hours of clinical supervision training. Documentation in the form of a copy of a diploma or academic transcript which indicates the graduation date must be submitted. In addition, the completion certificate(s) for 30 hours of clinical supervision training must be submitted.

You may access Clinical Supervision Foundations I, the 14-hour, self-paced online course, 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 the Foundations II training may be found at <https://webapps.oasas.ny.gov/training/providers.cfm?providerType=CSF2>.

## ONE-TIME REQUIREMENT FOR MEDICATION ASSISTED TREATMENT (MAT) TRAINING

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Prior to issuance of the CASAC, completion of three hours of Medication Assisted Treatment (MAT) training will be required. **The MAT completion certificate must be submitted to be eligible to receive the CASAC.**

**NOTE: The MAT training, entitled, “*Supporting Recovery with Medications for Addiction Treatment (MAT)*,” offered by the Addiction Transfer Technology Center Network (ATTC) is the only training that will be accepted to satisfy the requirement.**

The training is offered free of charge at: <http://healthknowledge.org/course/search.php?search=Medication+Assisted>.

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](mailto: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 provided in Part 853.**

**SCOPE OF PRACTICE & MEDICATION ASSISTED TREATMENT  
(MAT) TRAINING CHECKLIST**

**To apply for the CASAC 2, please remember to:**

- Attach documentation of a minimum of an associate's degree in an approved human services field in the form of a copy of your transcript which clearly states your major field of study and graduation date.

**To apply for the CASAC Advanced Counselor, please remember to:**

- Attach documentation of a minimum of a bachelor's degree in the form of a copy of a transcript verifying the graduation date.
- Attach certificate(s) of completion for 30 hours of approved clinical supervision training.

**Please also remember to:**

- Attach the certificate of completion for 3 hours of "Supporting Recovery with Medications for Addiction Treatment (MAT)" training.



**PART A – APPLICATION SUMMARY CHECKLIST**

**Please remember to:**

- Complete Part A - Application Summary Form.
- Enter your **full, 9-digit** Social Security Number on Part A.
- Sign and date on the reverse side of the Part A form (must be within the previous one year).
- Carefully review, initial, sign and date the Canon of Ethical Principles, and Misconduct Attestation on pages 11-12 of this application.
- Review, sign and date the NYS Justice Center Code of Conduct on pages 13-14 of this application.
- Attach the \$100 Application Processing Fee to Part A in the form of a **certified check** or **money order**, payable to NYS OASAS.
  - **Personal checks cannot be accepted, will be returned and will delay processing of your application.**
- Attach a copy of a diploma or transcript indicating your highest level of education and graduation date.

**Failure to return any of the above documentation will delay processing of your application.**

# CREDENTIALLED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC) APPLICATION

## PART A – APPLICATION SUMMARY FORM

**Important Note:** Documentation submitted without a fully completed Part A 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: \_\_\_\_\_

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: ( ) \_\_\_\_\_  
**PLEASE USE NON-WORK EMAIL ADDRESS**

E-MAIL ADDRESS: \_\_\_\_\_  
Please note that you may be contacted via this e-mail regarding your Application.

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

### DEMOGRAPHIC INFORMATION -- OPTIONAL

<b>Ethnicity:</b> <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: _____	<b>Gender: (select one or more options)</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary <input type="checkbox"/> Transgender <input type="checkbox"/> Do Not Wish to Disclose	<b>Military Service:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If applicable, I would identify myself as a person:</b> <input type="checkbox"/> in recovery from addiction(s). <input type="checkbox"/> recovering from the effects of addiction(s) in my family.
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### 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 PROOF

<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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**THE REVERSE SIDE MUST BE COMPLETED IN ITS ENTIRETY**

**CREDENTIALLED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC) APPLICATION**

**PART A – APPLICATION SUMMARY FORM (continued)**

**EMPLOYMENT INFORMATION – PLEASE PRINT CLEARLY**

**ARE YOU CURRENTLY EMPLOYED?**  **Yes** -- Please complete the following section.  **No** -- Go to the "Affirmations" section.

**CURRENT JOB TITLE:** \_\_\_\_\_ **WORK TELEPHONE NO.:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Ext.** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_ **DATE STARTED:** \_\_\_\_\_

**OASAS CERTIFICATE NUMBER:** \_\_\_\_\_ **WORK UNIT/FACILITY NAME:** \_\_\_\_\_  
 (if applicable)

**WORK ADDRESS:** \_\_\_\_\_ **Street** \_\_\_\_\_ **City/Town/Village** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**AFFIRMATIONS AND CERTIFICATIONS (Please Print Clearly)**

**HAS ANY DISCIPLINARY ACTION EVER BEEN TAKEN AGAINST YOU AS THE HOLDER OF ANY LICENSE OR CERTIFICATION ISSUED BY NEW YORK STATE OR ANY OTHER STATE OR FEDERAL AGENCY? (THIS DOES NOT INCLUDE A DRIVER'S LICENSE)**

**No**  **Yes** - If "Yes", complete the following information and attach supporting documentation.

_____	_____	_____
Date of Disciplinary Action	License or Certification	Type of Action Taken

I attest that the information contained in this application, including any attachments, is true and correct to the best of my knowledge.

I understand that if the information submitted contains a false statement, my CASAC Application may be denied. If the application is approved and later determined to contain materials that were false or misleading, OASAS has the authority to duly annul, suspend, limit, or revoke the credential issued.\*

_____	_____
APPLICANT SIGNATURE	DATE **

Any CASAC, CASAC Trainee or CASAC 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/Reactivation, Revocation, Fines, and Annulment.

\* **OFFERING A FALSE INSTRUMENT FOR FILING IN THE FIRST DEGREE IS A CLASS E FELONY.** A person is guilty of offering a false instrument for filing in the first degree when, knowing that a written instrument contains a false statement or false information and, with intent to defraud the State or any political subdivision thereof, he/she offers or presents it to a public office or public servant with the knowledge or belief that it will be filed with, registered or recorded in or otherwise become part of the records of such public office of public servant.

\*\* Part A must be dated within one year prior to submission. **Applications which are not signed and dated will be returned and will delay processing of your application.**

Personal information provided to OASAS is protected under the New York State Public Officer's Law, Personal Privacy Protection Law, Article 6A, and may only be disclosed with written consent, a court-ordered subpoena or subject to other provisions of such law.

**Remember to include the Application Processing Fee of \$100 in the form of a money order or certified check. Personal checks are not accepted and will delay processing of your application.**

**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 race, religion, age, gender, disabilities, ethnicity, national origins, sexual orientation, economic condition 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 client has not been exploited, coerced, or manipulated, intentionally or unintentionally.
- \_\_\_\_\_ (6) Not engage in sexual activities or sexual contact with current or former clients (lack of consent is presumed).
- \_\_\_\_\_ (7) Not knowingly 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.

**THE REVERSE SIDE MUST BE COMPLETED IN ITS ENTIRETY**

**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 853.19 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) Engaging in any conduct which would constitute a "reportable incident" as such terms are defined in Part 836 of this Title.
- \_\_\_\_\_ (11) 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.
- \_\_\_\_\_ (12) Professional misconduct as the holder of another license or credential.
- \_\_\_\_\_ (13) Unlawful use of the title Credentialed Alcoholism and Substance Abuse Counselor, Credentialed Alcoholism and Substance Abuse Counselor Trainee, 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.
- \_\_\_\_\_ (14) 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 (CASAC), Credentialed Alcoholism and Substance Abuse Counselor Trainee (CASAC trainee), Credentialed Prevention Professional (CPP), Credentialed Prevention Specialist (CPS), or Credentialed Problem Gambling Counselor (CPGC).
- \_\_\_\_\_ (15) 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](mailto:credentialing@oasas.ny.gov) or 1-800-482-9564 (option 5).

Any CASAC, CASAC Trainee 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

# CREDENTIALLED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC) APPLICATION

## *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**

**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 CONDUCT<sup>1</sup> 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**

<sup>1</sup> 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*.

# CREDENTIALLED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC) APPLICATION

## PART B – EVALUATION OF COMPETENCY AND ETHICAL CONDUCT

### Requirements

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 a Qualified Health Professional (QHP) meeting the supervisory standards established by OASAS. If you were **previously** employed in the SUD field but 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 they are not already a CASAC Advanced or Master level, they must also include a copy of their Clinical Supervision Foundation training certificate(s).
- One evaluator must be a **current New York State CASAC** or 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.

### Instructions

Complete the Applicant Consent to Release Information section of Part B (Evaluation of Competency and Ethical Conduct) form and provide the form to each evaluator.

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.**

You do not need to submit Part B with your initial application to be eligible for the CASAC Trainee.



**PART B – EVALUATION OF COMPETENCY AND  
ETHICAL CONDUCT CHECKLIST**

**Please remember to:**

- Make copies of the *Evaluation of Competency and Ethical Conduct* form for your two evaluators.
- Complete, sign, and date the “Applicant Consent to Release Information” section of **each** *Evaluation of Competency and Ethical Conduct* form and provide the form to each evaluator.
- Submit evaluations from evaluators who have worked with you for a **minimum** of six months. Evaluations must be completed by:
  - a current or most recent clinical supervisor (if not currently employed in an OASAS approved treatment setting), and
  - a CASAC.
- Request that each evaluator: (1) complete the entire evaluation; (2) attach a copy of their license or credential and Clinical Supervision Foundations training certificate(s); (3) discuss the evaluation with you; and (4) return the completed form to you, with any other documentation required.
- Include **two** completed Evaluations of Competency and Ethical Conduct forms **and** any other **accompanying documentation**.
  - You do not need to submit Part B at this time to be eligible for the CASAC Trainee.
- Include a copy of a **current** credential claimed by each evaluator.
- Check that the *Evaluation of Competency and Ethical Conduct* forms are dated within **one year** prior to submission.

**Please note that OASAS may not intervene in workplace disputes should a supervisor refuse to sign an evaluation form.**

**If you suspect an individual has violated the CASAC Canon of Ethical Principles, or Misconduct, please call the OASAS Credentialing Unit at 1-800-482-9564 (option 5).**

# CREDENTIALLED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC) APPLICATION

## PART B – EVALUATION OF COMPETENCY AND ETHICAL CONDUCT FORM

**Applicant Reminder: Make copies of the Evaluation form to provide to two evaluators.**

### 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.

\_\_\_\_\_ Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

### 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 his/her 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 contact the OASAS Credentialing Unit at 1-800-482-9564 (option 2).

NOTE:  Yes **Evaluator has direct knowledge of the applicant’s SUD-related work experience observed for a minimum of six months. If yes, continue to complete the remainder of this form.**

No **Evaluator does not have direct knowledge of the applicant’s SUD-related work experience observed for a minimum of six months. Do not proceed any further and please return this form to the applicant.**

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

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

Current Clinical Supervisor  Co-Worker  Other: \_\_\_\_\_

Former Clinical Supervisor  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: \_\_\_\_\_

**THE REVERSE SIDE MUST BE COMPLETED IN ITS ENTIRETY**

# CREDENTIALLED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC) APPLICATION

## PART B – EVALUATION OF COMPETENCY AND ETHICAL CONDUCT

The CASAC and CASAC Trainee:

- (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 race, religion, age, gender, disabilities, ethnicity, national origins, sexual orientation, economic condition 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 client has not been exploited, coerced, or manipulated, intentionally or unintentionally.
- (6) Not engage in sexual activities or sexual contact with current or former clients (lack of consent is presumed).
- (7) Not knowingly 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 attest that the information I have provided is true and correct to the best of my knowledge. I have directly observed and provided my best independent judgment of the applicant's work as an **alcoholism and substance abuse counselor**. 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.

\_\_\_\_\_  
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.

**If you suspect an individual has violated the CASAC Canon of Ethical Principles, or Misconduct, please call the OASAS Credentialing Unit at 1-800-482-9564 (option 5).**

## PART C – WORK EXPERIENCE

### Approved Work Experience

Work experience claimed must:

- include the provision of direct services provided to service recipients or provision of documented supervision of direct services provided to service recipients;
- include practice specific to SUD counseling in the following professional tasks: **diagnostic assessment, evaluation, 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 (as defined on page 15) meeting the supervisory standards established by OASAS;
- 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. 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, Evaluation 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).
- (2) It is a **non-certified setting** which involves **the legal provision of chemical dependency 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.**

A copy of your supervisor's license and/or credentials should be included with the Part C form. If they are not already a CASAC Advanced Counselor or Master Counselor level, they must also include a copy of their Clinical Supervision Foundations training certificate(s).

You do not need to submit Part C at this time to be eligible for the CASAC Trainee.

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

# CREDENTIALLED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC) APPLICATION

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

**Note:** Other degrees may be considered if at least 50 percent of the coursework is in the Human Services Field.

### 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.

#### **Did you know that all CASACs, CASAC Trainees, 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 CHECKLIST

**Please remember to:**

- Complete the Applicant Consent to Release Information section of the Part C (Work Experience Verification Record Form) and provide the form to your supervisor for each provider/employer from which work experience and/or Supervised Training hours are being claimed.
  - Part C does **not** need to be submitted to be eligible for a CASAC Trainee **unless** you are using work experience towards the requirements (see page 3 of this application).
- Check applicable work setting type.
- Include a copy of at least one current credential or license claimed by your clinical supervisor and a copy of their Clinical Supervision Foundations training certificates.
- Include a copy of the employer's operating certificate/license if applicable.
- The certification at the bottom of page 23 must include the signature of the:
  - Authorized Human Resources/Payroll Representative (for paid work experience)
  - or**
  - clinical supervisor (for volunteer/non-paid work experience).
- Include total number of hours worked in clock hours. **Days/weeks worked will not be accepted.**

# CREDENTIALLED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC) APPLICATION

## PART C – WORK EXPERIENCE VERIFICATION RECORD FORM

### THIS SECTION TO BE COMPLETED BY THE APPLICANT – 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.

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date

### THIS SECTION TO BE COMPLETED BY THE APPLICANT'S SUPERVISOR – Must be a Qualified Health Professional (QHP)

This form reflects your knowledge of the applicant's work experience and/or supervised practical training while employed at the work setting indicated. Be sure that the applicant has signed and dated the above "Applicant Consent to Release Information" allowing you to make available to OASAS any and all information regarding his/her work experience needed to meet the CASAC eligibility requirements. Please return this completed form to the applicant with any other documentation. Questions may be directed to the OASAS Credentialing Unit at 1-800-482-9564 (option 2).

PROVIDER/EMPLOYER NAME: \_\_\_\_\_

UNIT WHERE APPLICANT WORKED: \_\_\_\_\_

OASAS OPERATING CERTIFICATE #: \_\_\_\_\_ WORK SITE TELEPHONE NUMBER: ( ) \_\_\_\_\_

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

\_\_\_\_\_

Street

City/Town/Village

State

Zip Code

**TYPE OF WORK SETTING – Check Only One:**

- (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.**

### SUPERVISED PRACTICAL TRAINING/SUPERVISOR CERTIFICATION (One or more must be documented for each work site)

Supervised Practical Training must be specific to SUD counseling for Work Settings #2 and #3.

Must include weekly, onsite, and documented clinical supervision by a QHP meeting the supervisory standards established by OASAS.

**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).

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.

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.

**\* 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.**

**SUPERVISED PRACTICAL TRAINING: # HOURS:**

- Screening \_\_\_\_\_
- Intake \_\_\_\_\_
- Referral \_\_\_\_\_
- Orientation \_\_\_\_\_
- Treatment Planning \* \_\_\_\_\_
- Case Management \_\_\_\_\_
- Crisis Intervention \_\_\_\_\_
- Counseling \* \_\_\_\_\_
- Service Recipient Education \_\_\_\_\_
- Assessment, Evaluation and Intervention \_\_\_\_\_
- Reporting and Record Keeping \_\_\_\_\_
- Consultation with Other Professionals \_\_\_\_\_

**TOTAL # HOURS:** \_\_\_\_\_

**THE REVERSE SIDE MUST BE COMPLETED IN ITS ENTIRETY**

# CREDENTIALLED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC) APPLICATION

## PART C – WORK EXPERIENCE VERIFICATION RECORD FORM (continued)

**APPLICANT NAME:** \_\_\_\_\_

**EMPLOYER NAME:** \_\_\_\_\_

**APPLICANT JOB RESPONSIBILITIES:**

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):

**PLEASE NOTE AN APPLICANT MUST PERFORM ALL SIX JOB RESPONSIBILITIES FROM ONE OR MORE EMPLOYER(S) TO SATISFY THIS REQUIREMENT.**

- Diagnostic Assessment
- Evaluation
- Intervention
- Referral
- SUD Counseling (Individual) \*
- SUD Counseling (Group) \*

*\* 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.*

**QUALIFIED HEALTH PROFESSIONAL CERTIFICATION:** Check all **current** credentials or licenses that verify your status as a QHP.

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 |

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.

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

**WORK EXPERIENCE (Includes Supervised Practical Training)**

Is this a paid position?  Yes -- A Human Resources or Payroll Department representative must complete the following section.  
 No -- Your current clinical supervisor as identified above must complete the following section.

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**

**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 Representative Date Work Site Telephone Number

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.



### Standardized Curriculum

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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. This curriculum became effective on January 1, 2014.

### Academic Transcript

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An academic transcript through an accredited institution may be submitted toward meeting some or all of the education and training requirement.

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

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#### Section I – Knowledge of Substance Use Disorders (85 clock hours)

Section I must include the following course content:

- **A minimum of 4 hours in this section MUST be related to tobacco use and nicotine dependence**
- **A minimum of 3 hours MUST include “Supporting Recovery with Medications for Addiction Treatment (MAT)” (available free of charge at: <http://healthknowledge.org/course/search.php?search=Medication+Assisted>)**
- **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)

Section II must include the following course content:

- **A minimum of 15 hours in this section MUST be related to cultural competence**
- **Foundational Counseling Skills of Individual and Group Counseling**
- **Individual Counseling**
- **Group Counseling**
- **Counseling Special Populations/Cultural Competency**
- **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 Patient, Family and Community Education (70 clock hours)**

Section III must include the following course content:

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

**Section IV – Professional and Ethical Responsibilities (45 clock hours)** Section IV 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](http://www.nysmandatedreporter.org))**
- **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.

## PART D – EDUCATION AND TRAINING CHECKLIST

**Please remember to:**

- Attach either a certificate of completion for the 350-hour standardized curriculum and/or academic transcripts.
  - Transcripts must include your name, name of institution, type of degree granted, major or field of concentration, titles of coursework, grades, and date of completion.
  - Include course descriptions for the applicable academic coursework submitted.

*Protect People with Special Needs*

**If You See or Suspect  
Abuse or Neglect**

**Report It**



Call the Vulnerable Persons Central Register Hotline

Toll Free: **1-855-373-2122**  
TTY: 1-855-373-2123



**NYS  
Justice Center**  
For the Protection of People With Special Needs

Hotline receives calls 24 hours a day, seven days a week.