NEW YORK STATE | Office of Addiction Services and Supports

OASAS. Every Step of the Way.

SUNY & CUNY Community and Technical Colleges
Addiction Professionals Scholarship Program

EMPLOYMENT VERIFICATION/APPLICANT ENDORSEMENT FORM

Section 1: EMPLOYEE/APPLICANT INFORMATION:

1. Legal Name of Employee:	2.Hire Date:
3. Employee's Position:	4. Hire Date
5. Employee's Home Street Address/P.O. Box:	
6. Employee's Home City/Town/Village:	7. Postal Zip Code:
8. Employee's Supervisor:	9. Title of Supervisor:
10. Employee's Business Telephone #:	11. Employee's Business Email:

Section 2: EMPLOYER INFORMATION:

1. Legal Name of Employer:	
2. Economic Development Zone: Select an EDZ from the Dropdown List.	3. Employer's OASAS/OMH/DOH Provider Number (if applicable):
4. Street Address/P.O. Box:	
5. City/Town/Village:	6. Postal Zip Code:
7. Name of Employer's Contact Person:	8. Title of Contact:

9. Contact Telephone #:	10. Contact Email:

Section 3: NARRATIVE AND ATTESTATION (Must be completed and signed by Employer):

NARRATIVE (Required): (please attach additional pages, if needed)

Describe why you would recommend this employee for an educational program scholarship for an associate degree program with an integrated CASAC program:
If you are willing to oversee the required field placement/internship component, please provide a job description that is consistent with the role requirements of the selected program type:
Please provide a supervision description for the field placement/internship (e.g., how/by whom will the position be supervised):

I _____, hereby attest that there are currently no disciplinary actions for _____, the employee that we are submitting this recommendation on behalf of.

_____ _____

Signature and Title Date (MM/DD/YYYY)