



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:

Form with 11 numbered fields for employee information including name, hire date, position, address, supervisor, and contact details.

Section 2: EMPLOYER INFORMATION:

Form with 8 numbered fields for employer information including name, economic development zone, address, contact person, and provider number.

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)