



Office of Addiction Services and Supports

OASAS. Every Step of the Way.

SUNY & CUNY COMMUNITY AND TECHNICAL COLLEGES ADDICTION PROFESSIONALS SCHOLARSHIP PROGRAM

ATTESTATION FORM

I, _____, hereby certify that, in order to successfully complete the academic program requirements and to subsequently receive a certificate of completion, I must:

1. Adhere to the CASAC Canon of Ethical Principles and any other code of ethics that are imposed on me by the academic institution that is administering the program;
2. Complete the requisite minimum internship hours for my academic program type under the appropriate level of supervision in the appropriate OASAS-CERTIFIED, OMH-CERTIFIED, or DOH-authorized settings.
3. Actively perform responsibilities within the CASAC-T/Intern Scope of Practice during my internship.
4. Complete the academic program in its entirety.
5. Track my field placement/internship hours and have them signed off by my supervisor and educational program point of contact on a routine, agreed upon schedule on forms provided by the academic institution.
6. Submit completed copies of my signed student agreement, field placement/internship hours, and any evaluations or supervisor feedback regarding my performance to my academic institution to be included in my student file.

Student's Name [Printed]

Student's Signature

Date (MM/DD/YYYY)