OASAS
Improving Lives.

NEW YORK STATE
OFFICE OF ALCOHOLISM & SUBSTANCE ABUSE SERVICES
Addiction Services for Prevention, Treatment, Recovery

Part 822-4 SRI Training Participation Sheet

FULL NAME OF PARTICIPANT	TRAINING COMPLETION DATE

Check if not employed by an OASAS certified treatment program. ☐

Provider Legal Name	Clinical Director/Supervisor Phone #
Name of Clinical Director/Supervisor **By my typed in name above, I am attesting that those named above have viewed and participated in the Part 822-4 SRI Training.**	**DATE**

PDS-41 (12/11)

Note: Credentialing certificates will be distributed on a monthly basis only.

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Submit