



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

**Part 822-5 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 822-5 SRI Training.	DATE

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