

O-STAR SUBMISSION FORM



The OASAS mission is to improve the lives of all New Yorkers by leading a premier system of addiction services through prevention, treatment and recovery. If you know an exceptional individual who works or volunteers in the field of addictions and consistently performs at an outstanding level, to **make a tangible difference in the lives of New Yorkers**, we want to hear from you. Please use this form to provide us with your recommendation of the individual you would like us to consider featuring as an O-STAR in the OASAS [Communicator Newsletter](#).

Submitter Name:		Email:	
Organization:		Phone #:	
Name of Individual:		Job Title:	
Organization:		Professional Designations:	
Supervisor (internal use only):		Phone:	
Image: (JPG preferred)	<input type="checkbox"/> Attached	<input type="checkbox"/> Submitted Separately	

WHY I AM RECOMMENDING THIS INDIVIDUAL BE RECOGNIZED AS AN O-STAR:

Please note, by submitting this form, you agree that OASAS reserves the right to edit your submission and to publish the content. Your personal information is also kept private and will only be used as it relates to questions pertaining to the content you have provided.

Thank you for your support of the OASAS Communicator Newsletter and for your submission.