



New York State
Office of Alcoholism & Substance Abuse Services
Addiction Services for Prevention, Treatment, Recovery

Karen M. Carpenter-Palumbo, Commissioner
www.oasas.state.ny.us

CREDEntIALED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC)/CASAC TRAINEE OF THE YEAR AWARDS PROGRAM

NOMINATOR INSTRUCTIONS

- Nominees for the CASAC and CASAC Trainee Awards Program must be CASACs or CASAC Trainees in good standing **for at least one year**. CASACs that have been credentialed for less than one year should be nominated in the Trainee category.
- In completing the Nomination Form, please remain mindful of the following 12 Core Functions which serve as the platform for the services provided by all CASACs and CASAC Trainees:

Screening	Counseling
Intake	Crisis Intervention
Orientation	Patient Education
Assessment, Evaluation and Intervention	Case Management
Referral	Reporting and Record Keeping
Treatment Planning	Consultation with Other Professionals

- To demonstrate the nominee's merit for receiving the CASAC or CASAC Trainee of the Year Award, you **must** cite **specific examples** of how the nominee:
 - (1) **exceeds** performance expectations in one or more of the 12 Core Functions; and
 - (2) has made a **significant** contribution to the profession through their work and personal efforts.

Please avoid global characterizations.

- Self and co-worker nominations are acceptable.
- All nominations **must** be submitted electronically to the Credentialing Unit. Additional pages are prohibited.
- Award Recipients will be announced to the general public on September 20th, 2010, on the OASAS website at: www.oasas.state.ny.us

The nomination deadline for candidates to be considered for the 2009-2010 Program is
June 1, 2010.

Questions should be directed to the OASAS Credentialing Unit at: credentialing@oasas.state.ny.us

Please e-mail the completed form to the OASAS Credentialing Unit by using the Submit Via E-mail button at the bottom of the Nomination Form.



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**CREDENTIALLED ALCOHOLISM AND SUBSTANCE ABUSE
COUNSELOR (CASAC)/CASAC TRAINEE OF THE YEAR
AWARDS PROGRAM**

NOMINATION FORM

Nominee's Name: _____

Nominee's Employer: _____

Nominee's Home Address: _____

Nominee's Work Address: _____

County of Residence: _____

Nominee's Phone # (Daytime): _____

Check One: CASAC # _____ CASAC Trainee # _____

List **specific** examples of how of the nominee **consistently exceeds** the performance expectations in one or more of the 12 Core Functions.

Provide **specific** examples of the nominee's **outstanding** attributes in the delivery of alcoholism and substance abuse services which distinguish him/her from other CASACs/CASAC Trainees.

What **specific** contributions has the nominee made to the quality of patient care (e.g., improved program and/or patient outcomes and services)?

Provide **specific examples** of how the nominee has contributed to the body of professional knowledge for alcoholism and substance abuse counselors.

Provide **specific examples** of the nominee's volunteer efforts in the community (other than Mutual Aid).

Your Name and Title _____
Home Address: _____
Program Name: _____
Work Address: _____
Phone # (Daytime): _____
Relationship to Nominee: _____

The nomination deadline for candidates to be considered for the 2010 Program is
June 1, 2010.

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