

**NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES**

**REQUEST FOR WAIVER FROM OASAS REGULATIONS**

<b><u>INSTRUCTIONS</u></b>	<b><u>THIS SPACE FOR OASAS USE</u></b>
<p>Please read this form carefully and complete it. Return to: Chair, Waiver Review Committee. Additional substantiating information may be included as an attachment, if necessary. Incomplete forms will be returned to the applicant without being processed.</p>	

**APPLICANT INFORMATION**

<b>Name</b>			
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Home Telephone Number</b>	<b>Fax Number</b>		
<b>Current Employer Name and Address</b>	<b>Current Employer Telephone No.</b>		
<b>Former Credential No.</b>	<b>Expiration Date of Credential (if known)</b>		

**WAIVER REQUEST INFORMATION**

<b>REGULATION(S) REQUESTED TO BE WAIVED</b>	<p>Identify specific Part Number [for example: 814.3(d)(1)] and subject.</p> <p><b>14 NYCRR Part 853.14(e)(2)</b></p>
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<b>REASON FOR REQUEST</b>	<p><b>Describe how meeting the regulation(s) identified above imposes an unreasonable hardship.</b></p> <p><i>More than two years have elapsed since the expiration date of my credential. Therefore, in order to become credentialed in the future, I must submit a new Application which verifies that I have satisfied all regulatory requirements associated with the initial credentialing process and pass the CASAC examination.</i></p>
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<b>IMPACT OF WAIVER</b>	<p>(a) Indicate how the health and safety of patients/residents will not be diminished upon waiving such requirement(s).</p> <p><i>Granting this request would not be detrimental to the health, safety and welfare of patients since I demonstrated that I was of appropriate character, fitness and ability to perform the duties associated with the CASAC when I was originally issued my credential. Had I not allowed my credential to expire, I would still be a CASAC.</i></p>
	<p>(b) Describe how waiving this requirement would be in the best interests of the patients/residents as well as the addictions professionals field.</p> <p><i>If my CASAC certificate is renewed on a conditional basis, I will have 180 days from the date of issuance to submit a Renewal Application which verifies that I have satisfied the following requirements:</i></p> <p><i>(1) completion of 40 clock hours of continuing professional education related to alcoholism and substance abuse counseling, completed during the two years prior to the issuance of my conditional certificate and/or during the effective period of my conditional certificate; and</i></p> <p><i>(2) submission of two Evaluations of Competency and Ethical Conduct completed by Qualified Health Professionals who have known me during the last two years.</i></p> <p><i>My Renewal Application must be accompanied by a non-refundable \$150 Renewal Fee, as well as Late Fees in the amount of \$100 per year (or portion thereof) for the period of time past the expiration date of my expired credential (not to exceed \$500).</i></p> <p><i>The conditional renewal of my credential would be consistent with the best interests of the field.</i></p>
<b>OTHER RELEVANT INFORMATION</b>	<p>Why did you allow your credential to expire? Supply any other relevant information you would like the Waiver Review Committee to know when considering your waiver request.</p>
	<p>Have you ever been convicted of a felony? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span></p> <p>If yes, the Felony Conviction Statement which is included as an attachment to this form must be completed and submitted with all appropriate documentation.</p>
	<p>Are you currently incarcerated? (If yes, indicate facility where incarcerated) <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span></p> <p>Facility:</p>
	<p>Has any disciplinary action been taken against you as the holder of any other New York State License or certification? (If yes, complete information below) <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span></p> <p>Date of Disciplinary Action:                      License or Certification:                      Type of Action Taken:</p>

<b>Signature</b>	<b>Date</b>
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**SUBMIT COMPLETED FORM VIA MAIL OR FAX TO:**

**Chair**  
**Waiver Review Committee**  
**New York State Office of Alcoholism**  
**and Substance Abuse Services**  
**1450 Western Avenue**  
**Albany, NY 12203-3526**  
**FAX: (518) 485-2335**



NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES  
1450 WESTERN AVENUE, ALBANY, NY 12203-3526

**REQUEST FOR WAIVER FROM OASAS REGULATIONS -- ATTACHMENT**

**FELONY CONVICTION STATEMENT**

**Name:**

**Social Security Number:**

You have disclosed in your *Request for Waiver from OASAS Regulations* form that you have been convicted of a felony. **Please note that conviction of a crime is not, in and of itself, a ban to becoming credentialed.** However, the bearing, if any, the criminal offense or offenses for which you have been previously convicted will have on your fitness or ability to perform one or more duties or responsibilities related to the credential must be considered. Accordingly, in order to continue processing your waiver request, please complete and submit this form, which will be considered as part of the review of your request.

**\*\*LIST ALL FELONY CONVICTIONS\*\***

**Original Charge(s):**

**Date of Offense(s), Arrest(s) or Charge(s):**

**Crime(s) Convicted Of:**

**Date of Conviction(s) or Sentence(s):**

**Current Status** (For Example: Incarcerated, Parole, Probation, Supervision Terminated):

**Note:** If you are currently on Parole or Probation, the name, address and telephone number of your Parole or Probation Officer must be provided. A current criminal history report must also be submitted. A New York State criminal history report can be requested from the New York State Division of Criminal Justice Services by calling (518) 485-7675.

**Official documentation to support the information provided above  
must be submitted with this Statement.**