



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 may be nominated in the Trainee category.

In completing the Nomination Form, please be 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 qualifications as a candidate for CASAC or CASAC Trainee of the Year, nominators must identify those qualities or characteristics that make their nominee unique and provide specific examples of work behavior or accomplishments which they believe reflect exceptional performance. ***Please avoid global characterizations.***

Self and co-worker nominations are acceptable.

All nominations **must** be **typewritten** on the attached Nomination Form and be submitted to the Credentialing Unit **via E-Mail** to: credentialing@oasas.state.ny.us. Please do not attach additional sheets.

The nomination deadline for candidates to be considered for the 2008-2009 Program is
Wednesday, June 10, 2009.



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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: _____

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Wednesday, June 10, 2009.

Nomination Forms and questions should be directed to the OASAS Credentialing Unit at:
credentialing@oasas.state.ny.us