



New York State Office of Alcoholism and Substance Abuse Services
1450 Western Avenue, Albany, NY 12203-3526

2005-2006 CREDENTIALLED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC) AND 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, who have made a significant contribution to the profession through their work and personal efforts.
- ▶ Nominations must be made using the attached Nomination Form.
- ▶ In completing the Nomination Form, please remain mindful of following 12 Core Functions which serve as the platform for the services provided by all CASACs and CASAC Trainees:

Screening
Intake
Orientation
Assessment, Evaluation and Intervention
Referral
Treatment Planning
Counseling
Crisis Intervention
Patient Education
Case Management
Reporting and Record Keeping
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 **exceeds** one or more of the 12 Core Functions. Please avoid global characterizations.
- ▶ Self and co-worker nominations are acceptable.
- ▶ All responses should be **TYPEWRITTEN**.
- ▶ Additional information, including letters of support, may be attached.



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NOMINATION FORM

Nominee's Name	
Nominee's Employer	Nominee's Phone # (Daytime)
Nominee's Address	County of Residence
<input type="checkbox"/> CASAC	<input type="checkbox"/> CASAC Trainee
<p>What outstanding <u>professional</u> attributes in the delivery of alcoholism and substance abuse services does the nominee possess that distinguish him/her from other CASACs/CASAC Trainees?</p>	
<p>What <u>specific</u> contributions has the nominee made to the quality of patient care (e.g., improved program and/or patient outcomes and services)?</p>	

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	
Home Address	Phone # (Daytime)
Relationship to Nominee	
Signature	

Please complete and submit this form **by May 31, 2006** to:

*****Nomination Forms received after the above deadline will not be considered*****

NYS OASAS
Attn: Credentialing Unit
1450 Western Avenue
Albany, New York 12203-3526