



Outreach Training Institute



350-Hour CASAC Diploma

Training Program

Department of Health

Scholarship Application 2018



Welcome to Outreach Training Institute!

We are a leading training provider for the New York State OASAS 350-Hour CASAC training certificate. We accept students on **a rolling admission basis with entry points every 4 to 6 weeks**. Please review the entire application packet and include all required documents prior to submitting to the campus you are interested in attending. We appreciate your interest in our program. Good luck!

Department of Health Scholarship: Under the New York State *Health Workforce Retraining Initiative*, we have received full scholarship opportunities for applicants who are currently employed, at risk of layoff, or have been recently laid off from healthcare facilities (e.g., hospitals) or agencies licensed under the following:

- Department of Health and Mental Hygiene
- NYS Office of Alcoholism and Substance Abuse Services
- Office of Mental Health

To qualify, the applicant cannot be classified as a Qualified Health Professional (QHP). **Seats are competitive and limited:** please make your application submissions as soon as possible.

Application Checklist
<ul style="list-style-type: none"> <input type="checkbox"/> Supervisor/Coordinator Signature: Your supervisor/coordinator's signature (Page 4) <input type="checkbox"/> Supervisor/Coordinator Sample Letter: Recommendation letter from your supervisor/coordinator on your agency's official letterhead (Page 8) <input type="checkbox"/> Disclosure Form: Print and sign the enclosed disclosure form (Page 9) <input type="checkbox"/> Operating Certificate: Copy of your agency/healthcare operating license under NYS OASAS, Department of Health and Mental Hygiene, and/or Office of Mental Health <input type="checkbox"/> Personal Statement: 250-word handwritten essay (see attached instructions page 6) <input type="checkbox"/> Proof of Education: Copy of your highest level of education (i.e., high school diploma/GED Certificate or college degree)

Please submit your application to the campus you are interested in attending:

Queens Campus (Richmond Hill)	Long Island Campus (Brentwood)
Attention: Anthony Perreira 117-11 Myrtle Avenue Richmond Hill, NY 11418 Telephone 718.847.9233 x2309 Fax 718.849.9673	Attention: Lorraine Stewart 400 Crooked Hill Road Brentwood, NY 11717 Telephone 631.951.2613 x3150 Fax 631.951.2776

Next Steps
<p>After your application has been received: An administrator will contact you to confirm its receipt and will review it with you over the phone. Once your application packet is complete, your next step is to schedule the following appointments:</p> <ul style="list-style-type: none"> • Reading and Writing Exam: Offered at the Queens Campus Fridays 10am -12pm, and by appointment at the Long Island Campus. Note: All applicants are required to take the exam as part of the admissions process. • Admissions Interview: Offered at the Queens Campus and Long Island campuses, by appointment. Please make sure to treat the interview as you would a job interview by arriving 15 minutes before your scheduled appointment time. <p>After your admission interview: The admissions committee will review your entire application packet as well as your responses to the interview. If accepted, you will be notified of your acceptance and eligibility for a scholarship via mail and telephone.</p>



Visit our website: www.opiny.org

DEPARTMENT OF HEALTH SCHOLARSHIP APPLICATION

		Date
Referral Information		
How did you hear about us? (e.g., friend, alumni, colleague, etc)		
Referral Source Name	Referring Agency (If Applicable)	Relationship to Applicant
Applicant Information		
First Name	Last Name	
Street Address	Apt. #	
City	State	Zip Code
Home Telephone Number	Cellular Phone Number	
Emergency Contact Person	Relationship to Emergency Contact	
Emergency Contact Person Telephone Number		
Your E-mail Address		
Date of Birth	Are you a member of 1199 SEIU? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Educational Experiences (Please list only your highest level completed)		
Indicate your highest level of education completed:		
<input type="checkbox"/> High School Diploma/G.E.D. Certificate <input type="checkbox"/> Master's Degree <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Doctoral Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Post-Doctoral Degree		
Name of School	Major	
Dates Attended	Certificate/Degree Earned	



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Licenses/Certificates/Credentials	
License/Certification/Credential:	License/Certification/Credential:
Date Certified:	Date Certified:
License/Certification/Credential:	License/Certification/Credential:
Date Certified:	Date Certified:
Indicate all applicable credentials you have earned:	
<input type="checkbox"/> Psychologist <input type="checkbox"/> Physician's Assistant <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Licensed Occupational Therapist <input type="checkbox"/> LMFT <input type="checkbox"/> LMHC	<input type="checkbox"/> MD <input type="checkbox"/> LPN <input type="checkbox"/> CRC <input type="checkbox"/> CSW <input type="checkbox"/> RN <input type="checkbox"/> Other: _____

Additional Educational/Training Experiences	
Program/Training Title:	Date Taken:
School/Facility Taken:	
Program/Training Title:	Date Taken:
School/Facility Taken:	

Current Employer Information		
<i>* If accepted, a copy of the participant's acceptance letter will be forwarded to the supervisor.</i>		
Employer	Employer Phone Number	Employer Start Date
Employer Address		
City	State	Zip Code
Position	Annual salary/Hourly Wage*	
Employment Status <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	If part-time, how many hours per week?	
Supervisor/Coordinator Name:	Supervisor/Coordinator Title	
Supervisor/Coordinator Telephone Number:	Supervisor/Coordinator E-mail Address:	
Supervisor/Coordinator Signature:		

***Note:** Scholarships sponsored by the NYS Department of Health Workforce Retraining Initiative are not income-based. Eligibility is based on employment and educational background. Participants must report their salary/wage and employment information, as we collect this information for reports to be sent to funders as required and this information is **confidential**.



Work Schedule			
Specify your regular weekly work schedule. Please ensure that your current work schedule corresponds to the class schedules offered at Outreach Training Institute. If you expect to adjust your work schedule to accommodate the training program, please indicate this at your interview.			
Sunday		AM/PM	AM/PM
Monday		AM/PM	AM/PM
Tuesday		AM/PM	AM/PM
Wednesday		AM/PM	AM/PM
Thursday		AM/PM	AM/PM
Friday		AM/PM	AM/PM
Saturday		AM/PM	AM/PM

Previous Employer Information (Please include a copy of your résumé, if available)	
Employer	Dates Employed
Position	Annual salary/Hourly Wage
Employer	Dates Employed
Position	Annual salary/Hourly Wage

Financial Information*
Prior Year Annual Income (How much did you earn last year, before tax deductions?)
Prior Year Household Income (How much was the total amount all of your household members earned last year, before tax deductions?)
Household Size
Number of Dependents (How many dependents do you have under the age of 18?)
What is your reason for taking the 350-Hour CASAC Diploma Training Program? <input type="checkbox"/> Layoff <input type="checkbox"/> At risk of layoff <input type="checkbox"/> Need to acquire new skills for upward mobility
*Note: Scholarships sponsored by the NYS Department of Health Workforce Retraining Initiative are not income-based. Eligibility is based on employment and educational background. Participants must report their salary/wage and employment information, as we collect this information for reports to be sent to funders as required and this information is confidential .



If currently employed, are you involved in a support function at your agency (e.g., secretary, administrator, maintenance, etc) and seeking a counseling position?

Yes No

If currently employed, will your job title/position change upon completion of the 350-Hour CASAC Diploma Training Program?

Yes No

If yes, what job title/position do you have to transition into upon completion?

Class Schedules

Please check all of the class schedules you would be available to attend. Please note that your first choice is not guaranteed, as we will try to accommodate your needs with our availability of scholarships and seats. Class openings are discussed during the interview.

Queens Campus (Richmond Hill):* 117-11 Myrtle Avenue, Richmond Hill, NY 11418

- 6-Month Schedule (18 hours/week): Monday 9am-4pm, Tuesday 9am-4pm, Wednesday 9am-4pm
- 11-12 Month Schedule (9 hours/week): Tuesday 6:30pm-9:30pm and Saturday 9am-4pm

**Please note that the previously announced class that was to begin in June 2018, and held in Manhattan, is no longer an available option due to scheduling and space issues. NYC classes will continue to be held at our Richmond Hill location.*

Long Island (Brentwood): 400 Crooked Hill Road, Brentwood, NY 11717

- 11-12 Month Schedule (9 hours/week): Monday 6:30pm-9:30pm and Saturday 9am-4pm
- 11-12 Month Schedule (9 hours/week): Monday 9am-4pm and Thursday 9am – 12pm

Personal Statement

Please submit a 250-word **handwritten** personal statement explaining why you would like attend Outreach Training Institute's 350-hour CASAC Diploma Program. Your narrative should address:

- Your level of motivation and commitment to becoming a substance abuse counselor
- If applicable, describe any special client populations you may be interested in working with in the future
- If applicable and if you wish, your own personal experience with substance abuse including your length of recovery, treatment or self-help experiences, or other personal life challenges that have sensitized you to the struggles of others.

Terms and Conditions for Department of Health Scholarship Recipients

I understand that if I am selected as a Department of Health scholarship recipient, I am committing to the following terms and conditions:

- Attend all lectures and practicum sessions and arriving on time
- Assume financial responsibility for the cost of any module that I have been absent 50% or more of its total hours
- Submit my CASAC-T application 30 days prior to my completion of the program (if applicable)

Failure to participate in these activities may result may place me at risk for losing my funding to attend the program.

NYS OASAS: I understand that completion of the 350-hour training program does not in and of itself mean that I will necessarily be issued a CASAC-T certificate by the New York State Office of Alcoholism and Substance Abuse Services (NYS OASAS), the government agency that issues the CASAC-T certificate and CASAC credential. While Outreach does not bar anyone who has a criminal conviction history from participating in the training program, the presence of a criminal conviction history may impact NYS OASAS in their decision-making process. NYS OASAS has informed Outreach that they consider each criminal case on an individual basis.

Signature	
Signature	Date



SAMPLE LETTER from Supervisor/Coordinator

To qualify for the Department of Health Scholarship, applicants are required to submit a letter of recommendation from their supervisor/coordinator for consideration for the scholarship. Please have your supervisor/coordinator refer to the following sample letter, which should be written on the agency's official letterhead. **The letter should be attached to the agency's operating certificate.**

Date

Name of Agency/Organization
 Address
 City, State, Zip Code

This is a sample letter. The recommendation letter should be written on company letterhead.

To: Outreach Training Institute
 Attention: NYC or LI Training Administrator

Our agency is pleased to recommend the following employee(s) for acceptance and enrollment into your 350-Hour CASAC Diploma Training Program.

Our agency certifies that the following employee(s) information is accurate and that we are eligible for the Department of Health Workforce Retraining Initiative tuition funding based on our license. We have enclosed a copy of our OASAS or Healthcare Facility license for your records.

Employee Name	Current Employer	Current Job Title	Work Location (Borough/County)	Work Schedule
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Sincerely,

Signed by Supervisor/Coordinator/Human Resources Personnel
 Title



Participant Disclosure Form

Monthly Electronic Participant Data Application Disclosure Statement

The Health Workforce Retraining Initiative, authorized by Chapter 639 of the Laws of 1996 and Chapter 1 of the Laws of 2000, and jointly administered by the New York State Departments of Health and Labor, is designed to provide eligible health workers with the retraining necessary to obtain new positions, continue to meet the requirements of an existing position or otherwise meet the needs of the changing health care industry

As a participant in a training project sponsored by the facility or organization named below (the "sponsor"), I understand that I am voluntarily disclosing to the sponsor personally identifiable information, which along with training related information reported by the sponsor, will be:

- o Collected by the sponsor and reported to the Department of Health on a monthly basis;
- o Maintained by the Department of Health in confidential database files;
- o Used by the Departments of Health and Labor to:
 - Verify the progress, costs and outcomes of retraining projects;
 - As applicable, verify the status of participants enrolled in the Unemployment Insurance Benefit Program pursuant to Article 18 of the New York State Labor Law;
 - Provide Management reports using aggregate data only (e.g. to evaluate overall sponsor performance and other purposes).

Participant's Name (Please print)

Participant's Signature (Please sign)

Outreach Training Institute

Sponsor's Name

Retraining participants who have concerns that cannot be resolved with the project sponsor may notify **Barry Gray** of the Health Workforce Retraining Initiative in writing at the following address:

New York State Department of Health
Workforce Development Unit
Corning Tower, Room 1084 ESP
Albany, New York 12237-0053

Letters should include the participant's name, address and telephone number, and the name of the sponsor. Program staff will investigate concerns, and include the correspondence in the sponsor's file for future reference.



**Directions to Outreach Training Institute
Queens Campus (Richmond Hill)**

Bus: Q-55 Bus to last stop, Jamaica Avenue and 117th Street. Walk one block North to Myrtle Avenue. Q-56 Bus to Jamaica Avenue and 117th Street. Walk one block North to Myrtle Avenue. Q-10 Bus to Lefferts Boulevard and Jamaica Avenue. Walk one block West to Myrtle Avenue. Q-37 to Myrtle Avenue and 111th Street. Walk east on Myrtle Avenue to 117th St.

Train: J Train from Brooklyn and Jamaica to 121st Station. Walk West on Jamaica Avenue to the intersection where Myrtle Avenue, Lefferts Boulevard and Jamaica Avenue come together. Outreach Project is on Myrtle Avenue at 117th Street.

Car: From Long Island - Northern State Parkway to the Jackie Robinson Parkway. Exit at Metropolitan Avenue. Turn left onto Metropolitan Avenue to Lefferts Boulevard. Turn right onto Lefferts Boulevard to Hillside Avenue. Building is at the corner on your left. From Long Island – Southern State Parkway to the northbound Van Wyck Expressway. Exit at Jamaica Avenue. Turn left on to Jamaica Avenue to Myrtle Avenue. Turn right onto Myrtle Avenue. Building is at corner on your right. From Brooklyn – Belt Parkway to the northbound Van Wyck Expressway. Exit at Jamaica Avenue. Turn left on to Jamaica Avenue to Myrtle Avenue. Turn right onto Myrtle Avenue. Building is at the corner on your right. From Brooklyn – Brooklyn Queens Expressway to the eastbound Long Island Expressway to the southbound Van Wyck Expressway. Exit at Jamaica Avenue. Turn right on to Jamaica Avenue to Myrtle Avenue. Turn right onto Myrtle Avenue. Building is at the corner on your right.

Long Island Campus (Brentwood)

Car: Manhattan, Bronx, Queens and Eastern Long Island – From Long Island Expressway, East (from NYC) or LIE West (from Eastern L.I.) take Exit 52 South (Commack Road) to South Service Road of LIE. Head East to Crooked Hill Road, make a right on Crooked Hill Road South, stay on road for approximately 1.5 miles, at which point you should see the building on your right. From the South Shore – Take Southern State to Sagtikos Pkwy, North. Exit Sagtikos at S2, Crooked Hill Road. At the stop sign, make a left. At the first traffic light, make a right onto Crooked Hill Road, the building will be on your right. From Bronx, Upstate NY – Take Whitestone Bridge across to the Cross Island Expressway to the LIE going East. Then follow directions from NYC.





**OUTREACH TRAINING INSTITUTE
CONTRACT FOR ALL SCHOLARSHIP STUDENTS**

As a condition of receiving a scholarship I agree to the following:
(Please read & initial each and all)

- ◆ ____ I understand attendance at all classes as scheduled. I will only miss classes in a true emergency situation and will make up any missed classes as soon as possible.
- ◆ ____ I will be on time to all classes. If I run late or must be absent, I will contact the OTI coordinator.
- ◆ ____ I will complete basic status questionnaires at mid-training, as well as 6 months and 1 year **after** graduation. These inform OTI's confidential, aggregated outcomes reporting to NYS Department of Health to sustain funding.
- ◆ ____ I will apply for the CASAC-T immediately upon graduation.

Outreach Training Institute reserves the right to dismiss a student from the program due to program non-compliance, unethical conduct of any kind, inability to fulfill academic requirements of the program, or any other behavior deemed unprofessional or inappropriate.

Student Signature

Outreach Training Institute Signature

Date

Date



OUTREACH TRAINING INSTITUTE
STUDENT CONSENT TO CRIMINAL BACKGROUND

Outreach Training Institute receives funding for our scholarship programs from several foundations. The scholarships are part of workforce development initiatives and as a result, the success of our scholarship programs is measured not only on individuals completing our 350-hour CASAC curriculum but also on the ability of our graduates to obtain a CASAC-T (and ultimately a full CASAC), and to obtain and retain employment within the drug and alcohol field.

Having a criminal history does not preclude an individual from seeking to obtain a scholarship, however, the presence of open cases and/or major violent crimes, can have an impact on an individual's ability to obtain a CASAC-T/CASAC and therefore, the ability to obtain a job in the behavioral health field. It is therefore important that as part of the admission process, prospective scholarship students undergo a criminal background check to determine whether there are any outstanding issues that have the potential to delay and/or preclude placement in the field.

As such, Outreach Training Institute will conduct criminal background checks on students applying for scholarships or funding which stipulate that the securing of employment in the field is an expected outcome of the training program.

The outcome of the criminal background check will be held in confidence and only used for the purposes of determining eligibility for scholarships for the OTI CASAC training program.

I, _____ give Outreach Training Institute permission to conduct a search on my criminal background.

Signature

Date

Witness

Date