

*awards this*

# CERTIFICATE OF COMPLETION

*to*

*who has successfully completed 350 education and training clock hours covering specific course work, reviewed and approved by OASAS in compliance with the requirements of 14 NYCRR Part 853 credentialing regulations.*

*This course work is in compliance with the CASAC 350-Hour Education and Training Standardized Curriculum and is approved for the full Credentialed Alcoholism and Substance Abuse Counselor (CASAC) 350-hour requirements.*

*as of*

\_\_\_\_\_  
Signature of Authorized Representative

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Name and Title of Authorized Representative

*This training is provided under New York State Office of Alcoholism and Substance Abuse Services (OASAS) Education and Training Provider Certification Number .*