



OKLAHOMA ACCESS TO RECOVERY ASSESSOR QUALIFICATIONS

Organizations providing assessments pertaining to Oklahoma Access to Recovery must have documented certifications and licenses to provide this service. The assessor must work with a certified OATR provider and meet specific qualifications.

The minimum qualifications for Assessor are as follows:

- **Employed with a certified ODMHSAS Substance Abuse/Mental Health Treatment provider that is a current OATR approved provider.**
- **Current license LADC, LPC, LMFT, LCSW or currently under supervision.**
- **ASI certified on or after 2002**
- **ASAM certified on or after 2002**
- **Treatment Professional as defined in OAC 450 , Chapter 18**
- **Staff shall be at least eighteen (18) years of age.**

APPLICATION PROCESS

Thank you for your interest in the Oklahoma Access to Recovery. Please complete the application and submit to ODMHSAS via fax or mail to the address below. Please include a current copy of your license and certifications. You will receive notification from this office regarding the status of your application.

**Kathryn Shelton, MSW
Coordinator of Field Services, Oklahoma Access to Recovery
1200 NE 13TH Street, OKC, OK 73152
405-522-4546/405-522-3767**

OATR ASSESSOR APPLICATION

Today's Date: _____
Last Name: _____
First Name: _____
Middle Initial: _____

Gender: MALE FEMALE

RACE: AMERICAN INDIAN
 ASIAN
 BLACK/AFRICAN AMERICAN
 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
 WHITE/CAUCASIAN
 HISPANIC/LATINO
 OTHER _____

What languages do you speak or write? _____

EMPLOYMENT INFORMATION

Current Place of Employment: _____
Address: _____
City: _____ Zip: _____
Phone: _____
Email: _____

OATR PROVIDER INFORMATION

Provider Name: _____
Address: _____
Phone Number: _____
Agency OATR Coordinator: _____

EDUCATION

Highest level of education:
 COLLEGE DEGREE: _____

LICENSURE: _____

Other Credentials: If you possess professional licenses or certificates issued by Oklahoma or other state, please provide license or certificate title, number, state issuing and expiration date.

Misconduct

Have you ever been incarcerated, had a felony misdemeanor?

YES NO

If so please explain:

Have you ever had a certification or licensure revoked due to misconduct or failure to adhere to the requirements or such?

YES NO

QUALIFICATIONS TO BE CREDENTIALLED

I understand and affirm that I meet ALL of the above qualifications. I further understand that I must complete OATR specific training to complete assessments. I understand this training does not guarantee me a job with any specific agency.

By signing and submitting this application, applicant assures all information contained herein is accurate and current.

(Print Name Clearly)

(Signature)

(Date)