**Alcohol and Other Drug Evaluation**

You must complete an Alcohol and Other Drug Evaluation at a DSM Certified facility or a private DSM Certified evaluator. This evaluation must be completed and the attached document along with any other supporting information necessary must be submitted to Student Conduct by the evaluator no later than the date assigned by your hearing officer.

Three preferred facilities in Oswego County are:

- County of Oswego Council on Alcoholism and Addictions (COCOAA)
  53 East 3rd St.
  Oswego, NY 13126
  (315) 342-2370

- Farnham Family Services
  283 W. 2nd Street, Suite 200
  Oswego, NY 13126
  (315) 342-4489

- Harbor Lights
  3358 Main St.
  Mexico, NY 13114
  (315) 963-0777

Other DSM certified facilities and evaluators can be found at:

https://www.oasas.ny.gov/ProviderDirectory/index.cfm

**You must comply with all treatment recommendations at the conclusion of the evaluation. Failure to do so will result in non-compliance charges being filed.**

Please contact your hearing officer or Student Conduct at 315.312.3378 or conduct@oswego.edu if you have any questions.
To Whom It May Concern:

The information below identifies the procedures that ____________________________ must comply with as the result of a sanction received from SUNY Oswego.

A. The evaluation must utilize the DSM criteria for diagnosis and will include a urine screen. Please contact Student Conduct if you are seeking an exception to this. All providers will be reviewed, and decisions made regarding allowable providers are up to the discretion of Student Conduct.

   **Facility:**

   Name of facility: ____________________________

   Name of evaluator: ____________________________

   Address: ______________________________________

   ____________________________________________

   Phone: ________________________________________

   DSM evaluation completed: __________________DATE________________

   Urine screen completed: ______________________DATE________________

   Recommended for treatment? Yes No

   Did the patient accept treatment? Yes No

   If yes to either/both questions above, what treatment was recommended?
   __________________________________________________________________________

B. **Releases of information** must be signed for the individual /agency (collateral contact) listed below. You must provide current and accurate contact information to the selected agency.

   1. Becky Nadzadi or designee: Student Conduct, Oswego State

      The facility releases have been signed ________________________________

      DATE

C. **ALL** collateral contacts listed must be disclosed to the selected agency and contact with each agency must be requested by you. The selected agency must contact those collaterals **prior** to new evaluation results/diagnosis recommendations.

   We request that you provide the required information and return this form to: Becky Nadzadi

   501 Culkin Hall

   Oswego, N.Y. 13126

   Fax: 315-312-2503