



## OASAS Continuing Education Hours Attestation Form

**Last Name:** Click or tap here to enter text.

**First Name:** Click or tap here to enter text.

**License Profession:** Click or tap here to enter text.

**License Number:** Click or tap here to enter text.

**Date:** Click or tap to enter a date.

I, Click or tap here to enter text. hereby attest to participating in the ***Staying Afloat in Troubled Waters “Support & Self-Care Measures for Peer Workers Facing Grief: The Impact of Overdose, Suicide and Covid-19”*** (1.5 hour virtual training). NYS OASAS has given approval to deliver this training virtually using the ZOOM virtual platform. This training will be delivered in 1 day on **Thursday, June 25, 2020 for a total of 1.5 hours.**

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I, Suzanne Hall Westcott, hereby attest that the above-named individual attended and fully participated in the ***Staying Afloat in Troubled Waters “Support & Self-Care Measures for Peer Workers Facing Grief: The Impact of Overdose, Suicide and Covid-19”*** on the day listed above and completed the entire webinar entitling them to 1.5 OASAS Continuing Education credits. The training was delivered by **Debra Rhoades, LCSW (License # R042054-01).**

**Instructor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please send this completed form by scanning and email to:  
Sherry LaFountain at [slafountain@asapnys.org](mailto:slafountain@asapnys.org) or via fax: (518) 426-1046.