



Social Worker 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). Alcoholism and Substance Abuse Providers of New York State, Inc. (ASAP) is recognized by the New York State Education Department's State Board for Social Work as an approved provider of continuing education for licensed social workers #SW-0396 and has approved this webinar for **one and a half hour (1.50) CEUs for Social Workers.**

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 1.50 Social Work 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 or via fax: (518) 426-1046.