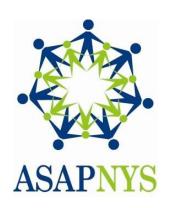


NYCB Education and Training Clock Hours Attestation Form

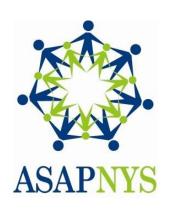
Last Name:		
First Name:		
License Profession (CARC/CRPA/CRPA-F):		
NYCB Certification Number:		
Date: <u>July 30, 2020</u>		
Waters "COVID-19 and Peer Communities" (1.0 hour virtual traini project of Alcoholism and Substance Abuse provider of continuing education credits	st to participating in the Staying Afloat in Troubled Professionals' Experiences Within Rural ng). The New York Certification Board (NYCB), a Providers of New York State (ASAP), as an approved s, has approved 1.0 education and to of the Certified Addiction Recovery Coach er Advocate (CRPA) certifications.	
Participant Signature:	Date:	
the Staying Afloat in Troubled Experiences Within Rural Commun	e above-named individual attended and fully participated in <i>Waters "COVID-19 and Peer Professionals ities"</i> on the day listed above and completed the 1.0 NYCB Education and Training Clock Hourdes, LCSW (License # R042054-01).	
Instructor Signature:	Date:	

Please send this completed form by scanning and email to: Cathie Gifford at cgifford@asapnys.org or via fax: (518) 426-1046.



Social Worker Continuing Education Hours Attestation Form

Last Name:	
First Name:	
License Profession (LMSW/LCSW):	
NYS Social Work License Number: _	
Date: <u>July 30, 2020</u>	
Communities" (1.0 hour virtual New York State, Inc. (ASAP) is recogn Board for Social Work as an approved	ereby attest to participating in the Staying Afloat in Ind Peer Professionals' Experiences Within Rural training). Alcoholism and Substance Abuse Providers of nized by the New York State Education Department's State provider of continuing education for licensed social workers in ar for one (1.0) education and training clock hour
Participant Signature:	Date:
the Staying Afloat in Troubl Experiences Within Rural Comm entire webinar entitling them to	at the above-named individual attended and fully participated in ed Waters " COVID-19 and Peer Professionals cunities " on the day listed above and completed the 1.0 Social Work education and training clock hour. This ora Rhoades , LCSW (License # R042054-01).
Instructor Signature:	Date:



OASAS Continuing Education Hours Attestation Form

Last Name:	
First Name:	
OASAS License Profession (C.	ASAC/CPP/CPS):
OASAS License Number:	
Date: <u>July 30, 2020</u>	
I,	hereby attest to participating in the Staying Afloat ir 19 and Peer Professionals' Experiences Within Rura
Troubled Waters "COVID-	19 and Peer Professionals' Experiences Within Rura
	ual training). NYS OASAS has given approval to deliver this
	OM virtual platform. This training will be delivered in 1 day or
Thursday, July 30, 2020 for a	
Participant Signature:	Date:
in the Staying Afloat in	ttest that the above-named individual attended and fully participated *Troubled Waters "COVID-19 and Peer Professionals** *Communities" on the day listed above and completed the
-	Communities" on the day listed above and completed the
9	n to 1.0 OASAS education and training clock hour. The
training was delivered by I	Debra Rhoades, LCSW (License # R042054-01).
Instructor Signature:	Date
mstructor signature:	Date: