



NYCB Continuing Education Hours Attestation Form

Last Name: _____

First Name: _____

License Profession: _____

License Number: _____

Date: _____

I, _____ 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). The New York Certification Board (NYCB), a project of Alcoholism and Substance Abuse Providers of New York State (ASAP), as an approved provider of continuing education credits, has approved **1.50 education and training clock hours for renewal of the Certified Addiction Recovery Coach (CARC) and Certified Recovery Peer Advocate (CRPA) certifications.**

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 NYCB 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:
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: _____

License Number: _____

Date: _____

I, _____ 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) education and training clock hours 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 education and training clock hours. This training was delivered by **Debra Rhoades, 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.



OASAS Continuing Education Hours Attestation Form

Last Name: _____

First Name: _____

License Profession: _____

License Number: _____

Date: _____

I, _____ 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 1.50 OASAS education and training clock hours. The training was delivered by **Debra Rhoades, 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.