

NYCB Education and Training Clock Hours Attestation Form

Last Name:	<u></u>
First Name:	
License Profession (CARC/CRPA/CRPA-F): NYCB Certification Number:	
Waters "COVID-19 and Peer Proceedings" (1.0 hour virtual training) project of Alcoholism and Substance Abuse Proprovider of continuing education credits,	to participating in the Staying Afloat in Troubled rofessionals' Experiences Within Rural b. The New York Certification Board (NYCB), a roviders of New York State (ASAP), as an approved has approved 1.0 education and to the Certified Addiction Recovery Coach Advocate (CRPA) certifications.
Participant Signature:	Date:
the Staying Afloat in Troubled W Experiences Within Rural Communities	pove-named individual attended and fully participated in Taters "COVID-19 and Peer Professionals on the day listed above and completed the NYCB Education and Training Clock Hours, 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.