

NYCB Education and Training Clock Hours Attestation Form

| Last Name: | _ |
|--|---|
| First Name: | - |
| License Profession (CARC/CRPA/CRPA-F): NYCB Certification Number: | |
| | |
| I, hereby attest to p Waters "COVID-19 and Peer Professional virtual training). The New York Certification Substance Abuse Providers of New York State education credits, has approved 1.0 education for renewal of the Certified Addit Certified Recovery Peer Advocate (CRPA) | als' Experiences Among Women" (1.0 hour on Board (NYCB), a project of Alcoholism and (ASAP), as an approved provider of continuing a cation and training clock hour ction Recovery Coach (CARC) and |
| Participant Signature: | Date: |
| I, Suzanne Hall Westcott, hereby attest that the above the Staying Afloat in Troubled W Experiences Among Women " on the dawebinar entitling them to 1.0 NYCB training was delivered by Debra Rhoades , LCSV | Taters "COVID-19 and Peer Professionals by listed above and completed the entire Education and Training Clock Hour. The |
| Instructor Signature: | Date: |