



OASAS Continuing Education Hours Attestation Form

Last Name: _____

First Name: _____

OASAS License Profession (CASAC/CPP/CPS): _____

OASAS License Number: _____

Date: August 20, 2020

I, _____ hereby attest to participating in the ***Staying Afloat in Troubled Waters “COVID-19 and Peer Professionals’ Experiences in Varied Settings”*** (1.0 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, August 20, 2020 for a total of 1.0 hour.**

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 “COVID-19 and Peer Professionals’ Experiences in Varied Settings”*** on the day listed above and completed the entire webinar entitling them to 1.0 OASAS education and training clock hour. 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.