



Social Worker Continuing Education Hours Attestation Form

Last Name: _____

First Name: _____

License Profession (LMSW/LCSW): _____

NYS Social Work 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). 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 (1.0) education and training clock hour 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 “COVID-19 and Peer Professionals’ Experiences in Varied Settings”*** on the day listed above and completed the entire webinar entitling them to 1.0 Social Work education and training clock hour. This training was delivered by **Debra Rhoades, LCSW (License #R042054-01).**

Instructor Signature: _____ Date: _____