

## **OASAS Continuing Educational Activity Tracking Form**

**Program**: ASAP's 21st Annual Conference "2020 Workforce and Beyond. The Full Spectrum of Addiction Services"

Date: October 15, 2020

Location: Virtual Zoom Platform

This training is provided under New York State Office of Addiction Services and Supports (OASAS) Education and Training Provider Certification Number 0709. Training under a New York State OASAS Provider Certification is acceptable for meeting all or part of the CASAC/CPP/CPS education and training requirements. This training has been approved up to 13.0 Education and Training Clock Hours.

## **Instructions for Form Completion:**

- 1. Clearly PRINT the requested information below to receive your certificate after the conference.
- 2. You MUST login and stayed logged in to each Session/Breakout in order to obtain contact hours. If you leave the session early, you will not receive full credit for that session.
- 3. Check off the box next to each session you attended.
- 4. At the end of the conference, please email this completed form to Sherry LaFountain at <a href="mailto:slafountain@asapnys.org">slafountain@asapnys.org</a>. A certificate including the amount of contact hours you received will be sent to you after the conference.

Name:			
Profession (CASAC/CPP/CPS):		Licensee Number:	 
Phone Number:	Email Address:		 
Signature:			

Please continue to other side of tracking form!

Wednesday, October 15, 2020	CE Hours
Opening Plenary Session: The "New Normal" for SUD/MH Service Delivery	1.25
Plenary Session: OASAS Panel: Key Initiatives	1.0
Workshop 401: Impact of COVID on Service Provision. Data on Service From	
Medicaid Claims Including Impact on Performance	1.0
Workshop 402: Workforce Development in the Age of COVID - 19	1.0
Workshop 403: Behavioral Health Care Collaboratives (BHCC) – Lessons Learned	
Coordinating Services Across a Network of Providers – Telehealth / Face to Face	1.0
Workshop 404: Responding to Trauma and COVID- 19	1.0
Workshop 405: Harm Reduction for Substance Use Disorder Treatment Providers	1.0

Please return this completed form to Sherry LaFountain: <a href="mailto:slafountain@asapnys.org">slafountain@asapnys.org</a>