



Affidavit of Attendance

I, _____, swear/affirm that I earned _____
Continuing Education Units (CEUs) or Clock Hours for actual attendance at this event:

(Name of training/conference/course/class)

(Location of training/conference/course/class, i.e., city, state or website for online courses)

(Date(s) of training/conference/course/class)

I am submitting this Affidavit of Attendance for consideration due to the following (check all that apply):

- The training/conference/course/class event organizers did not provide a certificate of attendance.
- I taught/trained other alcohol, tobacco and other drug professionals in areas designed to build Prevention Core Competencies (i.e., Planning and Evaluation; Prevention Education and Service Delivery; Communication; Community Organization; Public Policy and Environmental Change; and/or Personal Growth and Responsibility).
- Other: Please describe below and, if needed, attach additional information.

I, _____, certify/declare, under penalty of perjury in
accordance with the laws of the State of Washington, that the foregoing is true and correct.

Signature: _____

Printed Name: _____

Date: _____

Witness Signature (Supervisor): _____

Witness Printed Name: _____

Date: _____