



Affidavit of Attendance

I, _____, swear/affirm that I earned _____

Continuing Education Hours (CEHs) or Clock Hours for 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)

(Dates 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, if needed, and attach additional information)

NOTE: Each submitted Affidavit of Attendance must include the workshop content description(s), number of CEH hours (i.e., conference workshop schedules, college course syllabi, official workshop letter of attendance, etc).

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

Applicant Signature: _____ Date Signed: _____

Witness/Supervisor Signature: _____

Witness/Supervisor Name (Printed): _____