



Affidavit of Attendance

I, _____, swear/affirm that I earned _____
Continuing Education Units (CEU) 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 on-line course)

(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/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; Education and Skill Development; 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: _____

Prevention Specialist Certification Board of Washington (PSCBW)

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Updated April 2020