



Conference number: 19-15-171

**Oregon Chapter
National Association of Social Workers**

2929 SW Multnomah Blvd., Ste. 204, Portland, OR 97219
(503) 452-8420 Fax (503) 452-8506

CONFERENCE ROSTER

CONFERENCE TITLE: Applied Suicide Intervention Skills Training (ASIST)

CONFERENCE SPONSOR: Oregon Public Health Division CONFERENCE DATE: _____

CONFERENCE ATTENDEES:

The Oregon Chapter of the NASW is pleased to extend professional continuing education credit for attendance at this conference.

Such credit will be recognized by the awarding of a formal certificate of attendance and listing your name in state NASW Continuing Education records.

To be eligible for continuing education credit, it is necessary for you to **sign this conference roster** and complete the Conference Evaluation form upon completion of the conference. Certificates will be made available upon conclusion of the conference by the conference sponsor.

Please feel free to direct any inquiries about the Continuing Education Program to the NASW office at the above address and telephone number.

THE FOLLOWING CONFERENCE ATTENDEES REQUEST NASW CONTINUING EDUCATION CREDIT:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Return Completed Form to: Donna G Noonan, Oregon Public Health Division, 800 NE Oregon, Ste. 730, Portland, OR 97232 (donna.noonan@state.or.us)

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