



ASWB ACE Temporary Format Substitution Attestation

Your organization has requested a temporary exception to offer trainings in a format other than one your organization has been approved to offer for ACE credit. This request specifically relates to the spread of the coronavirus and your concern for the health of your attendees and the public.

The exception is made for providers approved to offer *in-person workshops or conferences* so that they may offer upcoming trainings in the distance learning format of *live webinar*. ACE will grant a temporary exception if your organization attests to the statements below.

1. We will provide ACE with a list of the in-person trainings we plan to offer in the format of live webinar over the next 30 calendar days or an estimate of the number of courses might be substituted. CE providers offering individual courses will include the approved course number(s) on the list.
2. If my organization believes that continuing to offer courses as live webinars, instead of as in-person trainings is necessary, in the interest of public safety, after the initial 30 calendar days temporary exception period, we will submit a request for another 30 calendar days with a list of courses.
3. We will provide registrants for in-person events with refunds/credits if they cannot or do not want to attend the substituted live webinar presentation.
4. My webinar software tracks attendance, and this information will be maintained for a period of seven years.
5. All participants will complete a course evaluation and the receipt of a completed evaluation will be verified before certificates of completion are issued.
6. The live webinar will provide a method for the instructor and participants to interact during the presentation. The course format and interaction will be documented on the certificate of completion as "*live interactive webinar*."
7. My organization will submit a sample certificate for the live interactive webinar format offering ACE credit along with this signed form.
8. This attestation form with appropriate signatures will confirm my temporary exception. The 30-calendar day approval period will begin on the date of ACE signature below.

Provider name: _____

Provider number: _____, if applicable

Signature of CE director

date: _____

Signature of ACE staff member

date: _____