Event code ________

Form Approved
OMB No. 0930-0216
Expiration Date XX/XX/XXXX

Attachment 1-2: ATTC Pre-Event Form–Meetings and Technical Assistance

Personal Code:
___ First Letter in Mother's First Name
___ First digit in Social Security Number
___ First Letter in Mother's Maiden Name
___ Last digit in Social Security Number

Birth Year: 19____ **Previous ATTC Participant:** ___ Yes ___ No

Gender: ____ Male ____ Female

Are you Hispanic or Latino? ____ Yes ____ No

Race (Check all that apply):
___ Black or African American
___ Native Hawaiian/Other Pacific Islander
___ Asian
___ Alaska Native
____ American Indian
____ White

Years of Experience in Addictions:
___ I have worked in the addiction field for _______ years.
___ I am not employed in the addiction field.

Certification Status in Addictions Field:
_____ Not certified or licensed in addictions
_____ Previously certified or licensed, not now
_____ Currently certified or licensed
_____ Intern

Highest Degree Status:
_____ No high school diploma or equivalent
_____ High school diploma or equivalent
_____ Some college, but no degree
_____ Associate's degree
_____ Bachelor's degree
_____ Master's degree
_____ Doctoral degree or equivalent
_____ Other, specify: ______________________

Discipline/Profession (Please check all that apply)
___ Addictions Counselor
___ Other Counseling
___ Education
___ Vocational Rehabilitation
___ Criminal Justice
___ Psychology
___ Social Work/Human Services
___ Physician Assistant
___ Medicine – Primary Care
___ Medicine – Psychiatry
___ Medicine – Other
___ Nurse/Nurse Practitioner
___ Administration
___ None, unemployed
___ None, student
___ Other, specify: _____ ____________________

Primary Work Setting (please check all that apply):
___ Criminal Justice
___ Outpatient
___ Inpatient facility
___ Educational institution
___ Residential facility
___ Private practice
___ Outreach
___ Substance Abuse Treatment agency
___ Community Mental Health center
___ Health/community health agency
___ Student
___ Other, specify: _____ ____________________

Primary Job Responsibility: (please check all that apply)
_____ Line staff (counselors, K-12 teachers, corrections officers, etc.)
_____ Supervision of case managers and/or counselors
_____ Other (specify: ________________)
_____ Administration
_____ Training/Education

Current Training Goals: (check all that apply)
_____ Professional development (no CEUs)
_____ Addictions certification (state or other)
_____ Academic credit toward a Master's
_____ Other (specify): _______________
_____ Continuing education (CEUs awarded)
_____ Academic credit toward a BA
_____ Academic credit toward licensure
_____ No current goals

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information to the SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0930-0216.