Attachment 1-1: ATTC Event Description Form

Please complete this form for each event implemented or sponsored by your ATTC.							
Date:	Location:	ATTC:					
Event Title:		Event Code No					
Co-sponsors:							
Total # of participants:	_	Total # of PREs collected:					
# of participants consenting to fo	ollow-up:	Total # of Follow-up surveys sent:					
A> TAP 21. Check all the TAP 21 Transdisciplinary Foun2.1 Clinical Evaluation2.2 Treatment Planning2.3 Referral2.4 Service Coordination B1>SAMHSA Programs/Issues of the following special topics?	dations	 2.5 Counseling 2.6 Client, Family & Community Education 2.7 Documentation 2.8 Professional and Ethical Responsibilities ial Topics. Is the event intended to focus on any 					
Co-occurring Disorders Seclusion & Restraint Children & Families Mothers and	d Infantsa	Substance Abuse Treatment Capacity Strategic Prevention Framework					

Public reporting burden for this collection of information is estimated to average 15 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.

B2>SAMHSA Cross-Cutting Principles.	Check all that apply:
Science to Services/Evidence-Based Practices Community & Faith-Based Trauma & Violence Rural & Other Specific Settings Workforce Development	Cultural Competency/Eliminating Disparities Performance Measurement & Management Collaboration w/ Public & Private Partners Recovery: Reducing Stigma & Barriers to Service Financing Strategies/Cost-effectiveness
C> Contact Hours How many contact	hours is this event?
NOTE: For academic credit-hour co to calculate contact hours (e.g. 3 cr	ourses, multiply the number of credit hours assigned by 15 redit hours x 15 = 45 contact hours)
D> Is this a Training of Trainers (TOT) E	vent? Yes No
Technical Assistance Me	he event?: v./College CourseComm. Coll. Course
	(e.g. one or more consecutive days) or yth of time (e.g. a semester course)
◆ Technology Format: (Select one) Traditional Classroom Format Practicum/Internship Experience Distance Learning Format (Ple Ground Mail Format E-mail Format On-line/ Web-basece Tele-video Format Other: Please indicate:	ase specify): t

Publication Use. Please record the TIPs, TAPs and other publications you used in this event.

The publications I used in this event were:

1: State Methadone Tx Guidelines 2: Pregnant, SA Women 3: Screen and Assess Adolescents 4: Guidelines for Adolescents 5: Drug Exposed Infants 6: Screening Infectious Diseases 7: Screen ing Infectious Diseases 7: Screening & Assess in CJ 8: Intensive Outpatient Tx 9: Coexisting MI and SA 10: Cocaine and Methadone 11: Simple Screening for Outreach 11: Opportunities for Coordination 12: Intermediate Sanctions 13: Patient Placement Criteria 14: State Outcomes Monitoring 15: HIV-Infected Abusers 16: Trauma Patients 17: Adults in Criminal Justice Sys 17: Adults in Criminal Justice Sys 18: Tuberculosis Epidemic 19: Detoxification 19: Relapse Prevention of Offenders 20: Opioid Substitution Therapy 20: Excellence to Rural and Frontier 21: Diversion for Juveniles 22: LAAM of Opiate Addictions 23: Drug Courts 24: Primary Care Clinicians 25: Domestic Violence 26: Older Adults 27: Comprehensive Case Manage 28: Naltrexone 29: Phys & Cognitive Disabilities 30: Continuity of Offender Treat 31: The Change Book 32: Treatment of Adolescents 33: Tx and HiV/AIDS 38: SA Tx and Vocational Svcs. 39: SA Tx and Hovalds 30: Supernorphene & Opioid Tx 40: Buprenorphene & Opioid Tx	TIP #		JS	F	TAP#	US	F
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