

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 Letter in Mother's Maiden Name  |
| First digit in Social Security Numbe   | <del></del>   |
| Birth Year: 19 Previous ATTO   | C Participant: Yes No   |
| Gender:  | Male Female   |
| Are you Hispanic or Latino? Race (Check all that apply):   | Yes No  |
| Black or African American  | Asian American Indian   |
| Native Hawaiian/Other Pacific Islander   | Alaska Native White   |
| Years of Experience in Addictions:  I have worked in the addiction field for I am not employed in the addiction field.   | years.  |
| Certification Status in Addictions Field:  Not certified or licensed in addictions Previously certified or licensed, not now   | Currently certified or licensed   |
| 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:                                       |
| Other Counseling Physician Education Medicine - Vocational Rehabilitation Medicine - Criminal Justice Medicine -   | rk/Human Services Administration Assistant None, unemployed - Primary Care None, student - Psychiatry Other, specify: |
| Educational institution Communit   |   |
| Primary Job Responsibility: (please check al Line staff (counselors, K-12 teachers, co Supervision of case managers and/or co Other (specify:)                                 | prrections officers, etc.) Administration   |
| 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.