

Event code _____

Form Approved
OMB No.: 0930-0216
Exp. Date XX/XX/XXXX
See burden statement on back of page

Attachment 1-3: ATTC Pre-Event Form—Training

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 ___ Asian ___ American Indian
___ Native Hawaiian/Other Pacific Islander ___ Alaska Native ___ 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 ___ Currently certified or licensed
___ Previously certified or licensed, not now ___ Intern

Highest Degree Status:

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

Discipline/Profession (Please check all that apply)

___ Addictions Counselor ___ Social Work/Human Services ___ Administration
___ Other Counseling ___ Physician Assistant ___ None, unemployed
___ Education ___ Medicine – Primary Care ___ None, student
___ Vocational Rehabilitation ___ Medicine – Psychiatry ___ Other, specify: _____
___ Criminal Justice ___ Medicine – Other
___ Psychology ___ Nurse/Nurse Practitioner

Primary Work Setting (please check all that apply):

___ Criminal Justice ___ Private practice ___ Student
___ Outpatient ___ Outreach ___ Other, specify: _____
___ Inpatient facility ___ Substance Abuse Treatment agency
___ Educational institution ___ Community Mental Health center
___ Residential facility ___ Health/community health agency

Primary Job Responsibility: (please check all that apply)

___ Line staff (counselors, K-12 teachers, corrections officers, etc.) ___ Administration
___ Supervision of case managers and/or counselors ___ Training/Education
___ Other (specify: _____)

Continued on Back

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

PLEASE INDICATE YOUR AGREEMENT WITH THESE STATEMENTS ABOUT THE TRAINING.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. I am currently effective when working in this topic area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I expect to use the information gained from this training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I have adequate knowledge in this topic area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I possess the skills required in this topic area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Public reporting burden for this collection of information is estimated to average 8 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.