

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

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