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.	☐	☐	☐	☐	☐
2. I expect to use the information gained from this training.	☐	☐	☐	☐	☐
3. I have adequate knowledge in this topic area.	☐	☐	☐	☐	☐
4. I possess the skills required in this topic area.	☐	☐	☐	☐	☐