

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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