

## **National Center on Substance Abuse and Child Welfare Training Registration Information Collection**

- First and last name
- Email address
- System
- Country/Region
- State/Province/City/County
- Do you work for a tribe or a tribal coalition?
  - If yes, what tribe or tribal coalition?
- Organization
- System affiliation
- Do you provide direct service to clients or families?
- Are you affiliated with a grant program funded by the Administration for Children and Families (ACF)?
- Are you affiliated with a grant program funded by the Substance Abuse and Mental Health Services Administration (SAMHSA)?
- What knowledge or skills do you hope to gain from this training?
- Do you have questions related to the training?
- Why are you taking this training?

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to gather registration information from training participants. Public reporting burden for this collection of information is estimated to average 5 minutes per grantee, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This collection of information is voluntary. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0617 and the expiration date is 09/30/2026. If you have any comments on this collection of information, please contact Surina Amin at [surina.amin@acf.hhs.gov](mailto:surina.amin@acf.hhs.gov).