

**National Center on Substance Abuse and Child Welfare Communities of  
Practice Registration Information Collection**

- First and last name
- Email address
- State/Province/City/County
- Do you work for a tribe or tribal coalition?
  - o If yes, what tribe or tribal coalition?
- Organization
- System
- Job title
- Grantee or Recipient name
- Other agency name
- Do you provide direct service to clients or families?
- What information, knowledge, or skill do you hope to gain from this Community of Practice?
- What knowledge or experience do you hope to bring to the Community of Practice?

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 Community of Practice participants. Public reporting burden for this collection of information is estimated to average 4 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).