

BUa Y.	
H]hY.	
Cf[Ub]nU]cb.	
5 [YbWniFc`Y`fW]b]WU` gi dYfj]gcfZ]W]b]W]UbZcf` cH Yf/`d`YUgY`gdY]ZnL`	
5 [YbWni5 XXfYgg.	
D\ cbY.	
9!a U].	
Gi dYfj]gcf`BUa Y/ `9!a U].	
8 c`nci `k cf_`cb`U[fUbH Z bXYX`dfc`YWB`	<input type="checkbox"/> Yes (specify funder: _____) <input type="checkbox"/> No
8 c`nci `k cf_`k]H` UXc`YgW]b]g`f]!%` mYUfgtZ` fUbg]h]cbU`U[Ynci h `f]!&` mYUfgtZcf`UXi `hg`fB) Z`mYUfgt3` Check all that apply.	<input type="checkbox"/> Adolescents <input type="checkbox"/> Transition age youth <input type="checkbox"/> Adults
5 fY`nci `W ffYbhmidfcj]X]b[` Wti bgY]b[`gYfj]W]g`lc` W]Yb]g`k]H `Ugi Vg]UbW]i gY` X]gcfXYf`fGI 8 k3`	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, will you be providing SUD counseling services within the next 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
<ck `a Ubmgi Vg]UbW]i gY` X]gcfXYf`fGI 8 k]W]Yb]g`UfY` W ffYbh]mcb`nci f`WUgY`cUX3`	
8 c`nci `dfcj]XY]bX]j]Xi U` gYgg]cbgZ[fci d`gYgg]cbgZcf` Vch 3`	<input type="checkbox"/> Individual only <input type="checkbox"/> Group only <input type="checkbox"/> Both individual and group
8 cYg`nci f`U[YbWniU`ck` Ui X]c`fYW`fX]b[`cZ` Wti bgY]b[`gYgg]cbg`k]H` W]YbhW`bgYb]B`	<input type="checkbox"/> Yes <input type="checkbox"/> No
8 c`nci `Uj YUW]Ygg`lc`U` k YVW]a `Z`f`H]g`fU]b]b[3`	<input type="checkbox"/> Yes (e.g., you can see the presenters and the presenters can see you) <input type="checkbox"/> No
5 fY`nci `Ui X]h]b[`H Y` fU]b]b[3`	<input type="checkbox"/> Yes <input type="checkbox"/> No Answering "yes" to this question indicates that you are attending the training as an observer and will <u>not</u> be pursuing clinician certification or clinical supervisor certification.

**H YZ`ck]b[`ei Yghjcbg`UFY`cdh]cbU`Vi h\ YdZ ``]b`dfcj]X]b[`[YbYfU`ghU]gh]WU`gi a a Uf]Yg`UVci hici f`
fU]b]b[`dUf]W]dUbhg`"**

; YbXYf.`	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Other
5 [Y.`	<input type="text"/> years
9H b]W]m`	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Other (please specify: _____)
@j Y`cZ9Xi WU]cb.`	<input type="checkbox"/> No high school diploma or equivalent <input type="checkbox"/> High school diploma or equivalent <input type="checkbox"/> Some college but no degree <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctoral degree or equivalent <input type="checkbox"/> Other (medical assistant, RN, post-doctorate)
Bi a VYf`cZMYUfg`cZ5 bmi 7 ci bgY]b[`9I dYf]YbWY.`	<input type="text"/> years
Bi a VYf`cZMYUfg`cZ Gi VghUbWY`I gY` 7 ci bgY]b[`9I dYf]YbWY.`	<input type="text"/> years
Bi a VYf`cZMYUfg`cZ 5 Xc`YgWYbhGi VghUbWY`I gY` 7 ci bgY]b[`9I dYf]YbWY.`	<input type="text"/> years
5fY`nci `]b`fYW`j Yfn8`	<input type="checkbox"/> Yes <input type="checkbox"/> No