

Please complete and return to Christin Libernini Bair as soon as possible at clibernini@chestnut.org.

Name:	
Title:	
Organization:	
Agency Role (clinical supervisor, clinician, or other; please specify):	
Agency Address:	
Phone:	
Work Email:	
Personal Email: (will only be used if no reply from work email)	
Supervisor Name & Email:	
Do you work on a grant-funded project?	<input type="checkbox"/> Yes (specify funder: _____) <input type="checkbox"/> No
Do you work with adolescents (12-18 years), transitional age youth (18-24 years), or adults (25+ years)? Check all that apply.	<input type="checkbox"/> Adolescents <input type="checkbox"/> Transition age youth <input type="checkbox"/> Adults
Are you currently providing counseling services to clients with a substance use disorder (SUD)?	<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
How many substance use disorder (SUD) clients are currently on your caseload?	
Do you provide individual sessions, group sessions, or both?	<input type="checkbox"/> Individual only <input type="checkbox"/> Group only <input type="checkbox"/> Both individual and group
Does your agency allow audio recording of counseling sessions with client consent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have access to a webcam for this training?	<input type="checkbox"/> Yes (e.g., you can see the presenters and the presenters can see you) <input type="checkbox"/> No

Are you auditing the training?	<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.
The following questions are optional but helpful in providing general statistical summaries about our training participants.	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Other
Age:	<input type="text"/> years
Ethnicity:	<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: _____)
Level of Education:	<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)
Number of Years of Any Counseling Experience:	<input type="text"/> years
Number of Years of Substance Abuse Counseling Experience:	<input type="text"/> years
Number of Years of Adolescent Substance Abuse Counseling Experience:	<input type="text"/> years
Are you in recovery?	<input type="checkbox"/> Yes <input type="checkbox"/> No