

**Community Reinforcement Approach (CRA)/
Adolescent Community Reinforcement Approach (A-CRA)
Training Registration Form**

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|---|---|
| Name: | |
| Title: | |
| Organization: | |
| Agency Role (clinical supervisor, clinician, or other; please specify): | |
| Agency Address: | |
| Phone: | |
| E-mail: | |
| Supervisor Name & E-mail: | |
| 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 <i>not</i> be pursuing clinician certification or clinical supervisor certification. |

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| <p>If there were a newsletter and/or podcast related to the research and training we do at Chestnut, would you be interested in receiving information about it in the future?</p> | <p>____ Yes ____ No</p> <p>If yes, what email address do you prefer?</p> <p>_____</p> |
| <p>The following questions are optional but helpful in providing general statistical summaries about our training participants.</p> | |
| <p>Gender:</p> | <p>____ Male ____ Female ____ Non-binary ____ Other</p> |
| <p>Age:</p> | <p>____ years</p> |
| <p>Ethnicity:</p> | <p>____ American Indian/Alaska Native ____ Asian</p> <p>____ Black or African American ____ Hispanic or Latino</p> <p>____ Native Hawaiian or Other Pacific Islander ____ White</p> <p>____ Other (please specify: _____)</p> |
| <p>Level of Education:</p> | <p>____ No high school diploma or GED</p> <p>____ High school diploma or GED</p> <p>____ Some college but no degree ____ Associate's degree</p> <p>____ Bachelor's degree ____ Master's degree</p> <p>____ Doctoral degree or equivalent</p> <p>____ Other (medical assistant, RN, post-doctorate)</p> |
| <p>Number of Years of Any Counseling Experience:</p> | <p>____ years</p> |
| <p>Number of Years of Substance Use Counseling Experience:</p> | <p>____ years</p> |
| <p>Number of Years of Adolescent Substance Use Counseling Experience:</p> | <p>____ years</p> |
| <p>Do you have direct lived experience with substance use issues or addiction and/or recovery?</p> | <p>____ Yes ____ No</p> |
| <p>Do you have indirect experience with substance use issues or addiction and/or recovery (e.g., family member or friend with lived experience)?</p> | <p>____ Yes ____ No</p> |