



# Office of Addiction Services and Supports

PLEASE TYPE ALL INFORMATION

SBIRT TRAINING PROVIDER NAME:

## SBIRT INSTRUCTOR QUALIFICATIONS FORM

Individuals must have a minimum of two years of teaching/training delivery and/or vast knowledge in the subject area in order to apply.

Instructor Name:

Instructor Address:

Instructor Telephone No.: Work: ( ) Home: ( ) Cell: ( )

**Degrees and Certifications** (List all degrees/credentials/certifications relevant to course work/training to be delivered which are held by the instructor Please include the licensing state for out of state credentials):

- Credentialed Alcoholism and Substance Abuse Counselor (CASAC) #
- Credentialed Prevention Professional (CPP) or Credentialed Prevention Specialist (CPS) #
- Credentialed Problem Gambling Counselor (CPGC) #
- Social Worker: LMSW  LCSW (including R) #
- Medical Professional: MD  Psychiatrist  Pharm. D  RN  LPN  #
- Counseling Professional: LMHC  Psychologist  #
- Other (Please include the licensing state for out of state credentials):

**SBIRT Administration Experience:** (List the instructor’s relevant experience in implementing SBIRT in clinical settings. Note: at least one year of clinical experience is required). The instructor must have attended the 4 or 12 hour SBIRT curriculum. Please indicate the date and location of the instructor’s SBIRT training and a certificate of completion:

**Training Experience:** Document teachings/trainings, relevant to this course work/training, which have been delivered over the past two years to include: total number of hours of delivery for each; title of trainings delivered/courses taught; location of training deliveries/courses taught and references/contact information for verification of training delivery. Also, if possible, please include letter of reference verifying training(s) delivered:

**Other Qualifications** (to include information relative to vast knowledge of subject/content area):