



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):

Empty text box for additional information.

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):