

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

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 <u>not</u> be pursuing clinician certification or clinical supervisor certification.

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what email address do you prefer? <hr/>
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"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other (please specify: <input style="width: 150px; height: 20px; border: 1px solid black; margin-left: 10px; margin-bottom: 5px;" type="text"/>
Level of Education:	<input type="checkbox"/> No high school diploma or GED <input type="checkbox"/> High school diploma or GED <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 Use Counseling Experience:	<input type="text"/> years
Number of Years of Adolescent Substance Use Counseling Experience:	<input type="text"/> years
Do you have direct lived experience with substance use issues or addiction and/or recovery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have indirect experience with substance use issues or addiction and/or recovery (e.g., family member or friend with lived experience)?	<input type="checkbox"/> Yes <input type="checkbox"/> No