Approval Request Form - GAIN Site Interviewer Training/Certification GAIN Local Trainer (LT)/Site Interviewer Trainee (*SIT) Match Request for Approval

To be completed by the Certified GAIN Local Trainer who will provide Quality Assurance (QA) Review and Written Critique Services

<u>Live client</u> administrations for QA:	Online Workshop (Yes) (No) (Paper/Pen) GAIN ABS
	1:
Completed GAIN Site Interviewer (SI) We Program: (Yes) (No)	orkshop at College of Southern Idaho (CSI) Addiction Studies
LT Name/*Credential:	
Agency	
Phone: E-mai	l:
SIT Name/*Credential:	
Agency	
Phone: E-mai	l:
the time commitment expected to successful	ove named persons and their supervisors have been informed of and agree to ly complete the GAIN Site Interviewer Certification process in accordance stance Use Disorder (DHW/SUD) and Chestnut Health System (CHS)
Local Trainer Signature/Date:	
Professional Trainee (QSUDPT) workiCSI Addiction Studies Students: Stude	Use Disorder Professional (QSUDP) or Qualified Substance Use Disorder ing for a Business Psychology Associates (BPA) SUD Treatment Agency ents must be prepared to test for Idaho Student of Addiction Studies (ISAS) at ts must administer the GAIN Assessment using the paper and pen version <u>HS certified as a GAIN Local Trainer</u>
Submit one completed form per e-mail atta	achment to BaileyD@dhw.idaho.gov, or submit one completed
form per fax to Deborah Bailey at 208-334	I-0667.
SUD Use Only	

Form version: 3/24/14