

Staff Background Form (SBF)
Version [SBVER]: SBF 0199

Site ID [XSITE]: |_|_|_| Site Name [XSITEv]: _____
Staff ID [XSID]: |_|_|_|_| Last Name [XSNM]: _____
First Name : _____ Middle Initial: ____

The following information will be used to describe your experience prior to your participation in the project and document the training and certification you receive during your time with the project. Please fill in the blanks or circle the numbers in response to each of the following questions.

SB1. What is today's date? _ _ / _ _ / _ _ _ _ (MM/DD/YYYY)

SB2. What is your gender? Male 1
 Female 2

SB3. Which of the following best describes your race/ethnicity?
 Black/African-American 1
 Hispanic. 2
 White, non-Hispanic. 3
 Native American/Alaskan Native 4
 Asian or Pacific Islander 5
 Other (Please describe v. _____). .99

SB4. In what year were you born? 19 |_|_| (Year)

S4a. What is your current age? |_|_| (Age)

SB5. Do you have any special needs we need to consider in this or future trainings
(e.g. dietary needs, need to watch blood-sugar levels, hearing, vision)?

v1. _____

v2. _____

v3. _____

v4. _____

SBF - Continued

SB6.	What academic degrees have you received?	<u>Yes</u>	<u>No</u>
a.	None	1	0 (if none, go to SB7)
b.	High School or GED	1	0
c.	AA/AS/LPN or other associate/technical degree	1	0
d.	BA/BS/BSW or other bachelor degree	1	0
e.	MSW/MA/MS/MPH/MBA or other masters degree	1	0
f.	DSW/PsyD/RhD/EdD/ScD/PhD or other doctoral degree	1	0
g.	Registered Nurse	1	0
h.	Nurse Practitioner or Physician's Assistant	1	0
j.	MD/DO or other medical doctor	1	0
k.	Other (Please describe, v. _____)	1	0

SB7.	How much experience do you have working with:	Years	Months
a.	Your site's company, organization, program, or school? <input type="text"/>	<input type="text"/>	<input type="text"/>
b.	Doing standardized assessments?	<input type="text"/>	<input type="text"/>
c.	Doing follow-up work?	<input type="text"/>	<input type="text"/>
d.	Doing drug abuse outreach/prevention programs?	<input type="text"/>	<input type="text"/>
e.	Providing drug-abuse counseling?	<input type="text"/>	<input type="text"/>
f.	Programs targeted at adolescents?	<input type="text"/>	<input type="text"/>
g.	Adolescent families or collaterals?	<input type="text"/>	<input type="text"/>

SB8.	Do you describe yourself as "recovering"?	No	0
		Yes	1

SB9.	What is your highest level of "clinical" training or certification related to treating alcohol and drug dependence?	
	None	0
	In training or provisional (53 to 119 hours)	1
	120 hours or more of training in addiction prevention or treatment	2
	Certified Prevention or Outreach Specialist	3
	Certified Addiction Counselor or Reciprocal	4
	600 hours or more of training in addiction interventions	5
	Certified Master's or graduate degree in addictions	6
	Certified Supervisor in Addiction Treatment	7
	Board Certified in Addiction Medicine	8
	Other (Please describe, v. _____)	99

SBF - Continued

SB10. How much experience do you have with each of the following? 1-2

	None	Yrs	2+yrs
a. Being involved in research studies?	0	1	2
b. Conducting standardized clinical assessments?	0	1	2
c. Interpreting standardized assessments?	0	1	2
d. Writing up clinical summaries or treatment plans?	0	1	2
e. Motivational interviewing or interventions?	0	1	2
f. Cognitive behavioral therapy?	0	1	2
g. Behavior modification therapy?	0	1	2
h. Family therapy?	0	1	2
j. Other Group therapy?	0	1	2
k. Other Individual therapy?	0	1	2
m. Case-management, wrap-around or ancillary services?	0	1	2
n. Records Keeping?	0	1	2
p. Editing, Keying and Rekeying?	0	1	2
q. Tracking clients for follow-up?	0	1	2
r. In-person interviewing for a research study?	0	1	2
s. Interviewing collaterals (parent, friend)?	0	1	2
t. Collecting or conducting urine tests?	0	1	2
u. Telephone interviewing?	0	1	2

SB11. What is (are) your role(s) on the project? (If you are not familiar with these terms please ask for help.)

	Yes	No
a. Federal Official	1	0
b. Principal Investigator	1	0
c. Co-Principal Investigator or Other Scientist	1	0
d. Project Coordinator (day-to-day supervision of project)	1	0
e. Research Coordinator (supervises data collection/processing)	1	0
f. Research Assistant/Interviewer	1	0
g. Data base liaison or programmer	1	0
h. Program Director (overall organizational direction)	1	0
j. Clinical Coordinator/Supervisor	1	0
k. Therapist Coordinator of specific CYT treatment protocol	1	0
m. MET/CBT5 therapist	1	0
n. MET/CBT12 therapist	1	0
p. FSN therapist	1	0
q. ACRA therapist	1	0
r. MDFT therapist	1	0
s. Clerical	1	0
t. Other (Please describe, v. _____)	1	0

SB12. What three initials do you want to use as an abbreviation for your name? _____
[XSIN]

SBF - Continued

Thank you! The rest of this form will be used to document your training and certification.
Please return this form to the person directing the training as soon as possible.

FOR SUPERVISORY STAFF USE ONLY

SB21. Staff Start Date on Project: __/__/____ (MM/DD/YYYY)

SB22. Staff End Date on Project: __/__/____ (MM/DD/YYYY)

SB23.	SB23_a. Training Content	Training Dates (MM/DD/YYYY)		SB23_d. Training Hours
		SB23_b. From	SB23_c. To	
a.	Research assessment	__/__/____	__/__/____	____.____
b.	EZ-Screen Procedures	__/__/____	__/__/____	____.____
c.	Safety Precautions (Urine screens)	__/__/____	__/__/____	____.____
d.	MCBT5	__/__/____	__/__/____	____.____
e.	MCBT12	__/__/____	__/__/____	____.____
f.	FSN	__/__/____	__/__/____	____.____
g.	MDFT	__/__/____	__/__/____	____.____
h.	ACRA	__/__/____	__/__/____	____.____
j.		__/__/____	__/__/____	____.____
k.		__/__/____	__/__/____	____.____
m.		__/__/____	__/__/____	____.____
n.		__/__/____	__/__/____	____.____
p.		__/__/____	__/__/____	____.____

SBF - Continued

SB24	SB24_a. General Staff Certifications	SB24_b. Certification Date(MM/DD/YYYY)	SB24 PI/RC/TC's	
			_c. XSID	_d. XSIN
a.	Staff confidentiality form signed	__/__/____	_____	_____
b.	Urine Screen Safety Precautions signed	__/__/____	_____	_____
c.	Service Contact Logs	__/__/____	_____	_____
d.	Recruitment, screening, consent, and locator procedures	__/__/____	_____	_____
e.	GAIN-I	__/__/____	_____	_____
f.	EZ-Screen Urine Testing	__/__/____	_____	_____
g.	MCBT5	__/__/____	_____	_____
h.	MCBT12	__/__/____	_____	_____
j.	FSN	__/__/____	_____	_____
k.	MDFT	__/__/____	_____	_____
m.	ACRA	__/__/____	_____	_____
n.	CAF administration, editing and scoring	__/__/____	_____	_____
p.	SAF administration, editing and scoring	__/__/____	_____	_____
q.		__/__/____	_____	_____
r.		__/__/____	_____	_____
s.		__/__/____	_____	_____
t.		__/__/____	_____	_____

SB25. Date this form was last revised: __/__/____ (MM/DD/YYYY)