Form Approved

OMB NO. xxxxxx

Exp. Date xx/xx/xxxx

# TTA Event Description Form

Please complete this form for each event implemented or sponsored by your Program Center.

**Date:** \_\_/\_\_\_\_/\_\_\_\_\_ **Location:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Program:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Event Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Event Code:** \_\_\_\_\_\_\_\_\_\_\_

**Total # of participants:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **How many contact hours is this event?** \_\_\_\_\_\_\_\_\_\_

**Number of participants consenting to follow-up:** \_\_\_\_\_\_ (*Enter N/A for “Not applicable” if the event is less than 3 hours)*

**Event Type:**

□ **Presentation** (*delivery of awareness, information/explanation related to an idea, a practice,or a new product to an audience.*)

□ **Meeting** (*assembly of individuals or committees for discussion of a specific topic or planing*)

□ **Techincal Assistance** (*when sharing information and expertise, instruction, skills training, transmission of working knowledge, and consulting services and may also involve the transfer of technical data. Negotiated series of activities designed to reach a valued outcome.*)

□ **Training** (*includes the teaching of a skill, knowledge, or experience for personal or or professional development)*

**Primary Audience:**

□ Healthcare providers (*professional and paraprofessional healthcare prviders; States , local or organizational healthcare support services staf;etc.*)

□ Students or faculty

□ Community members (*members of a community or consumers*)

□ American Indian and Alaska Native Tribes

□ Rural Communities (*activity dedicated to rual reidents or providers serving rural communities*)

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Public reporting burden for this collection of information is estimated to average 2 minutes per response to complete this questionnaire. Send comments regarding this burden estimate or any other aspect of this collection of information to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The control number for this project is 0930-0383.