Form Approved

OMB NO. 0930-xxxx

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 delivered in person, virtual/webinar, private audience or in a major local or national conference*)

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

□ **Technical Assistance** (*negotiated series of activities designed to reach a valued outcome via sharing of information and expertise, instruction, skills training, transmission of working knowledge, consulting services or the transfer of technical guidance or data.*)

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

**Event Primary Audience (CHECK ALL THAT APPLY):**

□ Healthcare providers or organizations (*practicing professional and paraprofessional healthcare providers, including prevention, addiction and mental health treatment and recovery services from states, local, tribal or healthcare organizatoins*)

□ Students or educators (*inccluding faculty, administrators, supervisors, etc.)*

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

□ American Indian and Alaska Native Tribes

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

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