



Ohio SBIRT Training Course Request Form



Name	Title		Phone				
Organization		Email					
Address	City		State Ohio		Zip		
Setting?	Primary Care	Mental Health Clinic	Dental	OB/GYN	ER/ED	Educational	Other
Target audience for requested training?							
Currently Screening for any of the following?			Alcohol	Tobacco	Other Drugs	Depression	
Address of Training - <i>if different than above</i>							
Training Type?	Initial Training for Staff		Subsequent Training for New Staff		Refresher/Repeat Training		
Special instructions/info for training location							
Technology provided at the location?	Computer/Laptop		Internet Access	Projector/Screen	Speakers		

ALL Training and Continuing Education course offerings are FREE
Please refer to the **SBIRT Course Description** document to choose the most appropriate training for your needs.

SBIRT 101 - Intro to SBIRT Principles					1.0 Contact Hour		
RN/LPN CE	Counselor CPE	Social Work CPE	Psychology MCE	Chemical Dependency RCH - C1, P2			
Month Preferred	Time Preference		AM	PM	Estimated trainees		
SBIRT 101 - Intro to SBIRT Principles (and Screening Tool Administration Training)					2.0 Contact Hours		
RN/LPN CE	Counselor CPE	Social Work CPE	Psychology MCE	Chemical Dependency RCH - C1, P2			
Month Preferred	Time Preference		AM	PM	Estimated trainees		
Motivational Interviewing - Skills to Help Families Change Behavior					4.0 Contact Hours		
RN/LPN CE	Counselor CPE	Social Work CPE	Psychology MCE	Chemical Dependency RCH - C2			
Month Preferred	Time Preference		AM	PM	Estimated trainees		
Motivational Interviewing - Conversations that Initiate Behavior Change					3.0 Contact Hours		
RN/LPN CE	Counselor CPE	Social Work CPE	Psychology MCE	Chemical Dependency RCH - C2			
Month Preferred	Time Preference		AM	PM	Estimated trainees		
Brief Intervention - The Brief Negotiated Interview Model					4.0 Contact Hours		
RN/LPN CE	Counselor CPE	Social Work CPE	Psychology MCE	Chemical Dependency RCH - C7			
Month Preferred	Time Preference		AM	PM	Estimated trainees		

After filling out, save this form and submit to: SBIRTTraining@mha.ohio.gov