

New York State Office of Alcoholism and Substance Abuse Services
SBIRT Training Provider Certification Application

PART B SBIRT TRAINING PROVIDER COURSE WORK/TRAINING INFORMATION
(Attach additional sheets, as necessary)
(Please type all information)

SBIRT TRAINING PROVIDER NAME:

EDUCATION AND TRAINING PROVIDER COURSE INFORMATION

1. **Organization Making Application:** Document delivery of SBIRT Training for a minimum of one year by indicating dates of training and the number of individuals completing each of these trainings. Identify the target audience for which you have experience training.

2. **Number of Clock Hours**

4 Hour SBIRT Training

12 Hour SBIRT Training

3. **Course Outline** (*to include required content area as outlined in the DOH Medicaid Guidance Document for SBIRT*):

4. **Educational Goal(s)** (Provide a brief statement of the expected outcomes of the course):

5. **Educational Objective(s)** (Provide, in measurable terms, specific knowledge, skills and abilities to be acquired by the participant. Provide approximately one objective for every two hours of instruction):