Approval Request Form - GAIN Site Interviewer Training/Certification
GAIN Local Trainer (LT)/Site Interviewer Trainee (*SIT) Match Request for Approval

To be completed by the Certified GAIN Local Trainer who will provide Quality Assurance (QA) Review and Written Critique Services

Training date: _____ Online Workshop ____ *(Yes)* ____ *(No)*

Live client administrations for QA: _____ *(Paper/Pen)* _____ *GAIN ABS*

90 day Target date for Certification: _____

If the Site Interviewer Trainee (SIT) is administering the GAIN-I to live clients on GAIN ABS, his/her access permission ends at the 90-day target date for certification, if certification is not yet complete. The Local Trainer (LT) may request an extension.

Completed GAIN Site Interviewer (SI) Workshop at College of Southern Idaho (CSI) Addiction Studies Program: ____ *(Yes)* ____ *(No)*

LT Name/*Credential: _____

Agency_____

Phone: _____ E-mail: _____

SIT Name/*Credential: _____

Agency _____

Phone: _____ E-mail: _____

By signing below, I acknowledge that the above named persons and their supervisors have been informed of and agree to the time commitment expected to successfully complete the GAIN Site Interviewer Certification process in accordance with Department of Health and Welfare/Substance Use Disorder (DHW/SUD) and Chestnut Health System (CHS) requirements.

Local Trainer Signature/Date: _____

Credential:

SIT must meet the following criteria:

- *Be an approved Qualified Substance Use Disorder Professional (QSUDP) or Qualified Substance Use Disorder Professional Trainee (QSUDPT) working for a Business Psychology Associates (BPA) SUD Treatment Agency*
- *CSI Addiction Studies Students: Students must be prepared to test for Idaho Student of Addiction Studies (ISAS) at the end of current semester.* ***Students*** *must administer the GAIN Assessment using the paper and pen version only. Instructor and/or LT must be CHS certified as a GAIN Local Trainer*

Submit one completed form per e-mail attachment to BaileyD@dhw.idaho.gov, or submit one completed form per fax to Deborah Bailey at **208-334-0667**.

SUD Use Only _____

Form version: 3/24/14