Public reporting burden for this collection of information is estimated to average 10 minutes 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 15E57A, 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 0930-0389.

Form Approved

OMB NO. 0930-0389

Exp. Date 05/31/2025

# TTA Event Description Form

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

**Event Date:** \_\_/\_\_\_\_/\_\_\_\_\_ **TTA Program:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Event Format:** □ Virtual □ In-Person □ Hybrid (Virtual and in person) □ Other: \_\_\_\_\_\_\_\_\_\_

**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** **or Training** (*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. Training: teaching of a skill, knowledge, or experience for personal or professional development; etc.*)

□ **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.*)

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

□ Professionals or organizations (*practicing professional and paraprofessional healthcare providers, including substance use and mental health prevention, treatment, recovery, and peer support services, or staff of local, state, tribal, and other healthcare organizations; counselors; social workers; case mangers; faith leaders; and criminal justice/law enforcement professionals).*

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

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

□ American Indian and Alaska Native Tribes

□ Hispanic and Latino Communities

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

Definitions:

* TTA Program: Training and Technical Assistance Program implementing the event.
* Event Format: Type of event delivery modality.
* Event Title: Title of the event.
* Event Code: The event code is created by the grantee. The event code will assist the grantee to sort types of events by subject area or modality. It can be numeric, alphabet characters or a combination of both.
* Total # of Participants: Number of participants attending the event when implemented (not listening to recorded sessions) or number of participants expected to attend the event if it is a required/mandatory session. If the event is a self-paced online training than this variable will be left open.
* Event Type: Type of event session.
* Event Primary Audience: Represents the primary audience the event was created for. This information is used for the purpose of SAMHSA reporting obligations.