

ATTACHMENT: POTENTIAL PARTICIPANT QUESTIONNAIRE

This questionnaire is to be completed by each potential participant. Please note your participation in the Perinatal CBT Training is voluntary.

Full Name			
Title			
Email			
Education Degree(s) and Year(s)			
Professional Discipline			
PA License(s) Held			
PA Credential(s) Held			
Languages Spoken Besides English			
Agency Name			
Agency Address			
Employment Status	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Fee For Service
Clinical Time Breakdown (%)	Individual Treatment	Group Treatment	Family-Focused Treatment
Are you trained in other EBPs?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
If yes, which EBTs?			

Please describe your interest in learning about Perinatal Specialty CBT.

Please describe your efforts to provide culturally responsive and anti-racist care.