



*Training & Practice
Implementation Institute*
Appendix A: Application

CONTACT INFORMATION

Full Name of Organization

Program Name

Full Name of Person Completing the Application

Official Job Title

Program Street Address

City

State

Zip Code

E-mail

Phone

PRIOR EXPERIENCE WITH MOTIVATIONAL INTERVIEWING (MI)

Describe experience your agency has implementing Motivational Interviewing (MI), including any training or TA provided for staff to enhance MI skills.