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## PROVIDER BULLETIN

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### **Alcohol Screening, Brief Intervention, and Referral to Treatment (SBIRT) Training**—for all Medi-Cal members age 18 and older with risky drinking behavior



Free training on SBIRT available through UCLA Integrated Substance Abuse Programs. The training is approved by the California Department of Health Care Services (DHCS), and fulfills the 4-hour SBIRT training requirement noted in the Provider Manual and All Plan Letter dated 2/10/14 (APL 14-004).

Upon successful completion of the four-hour training, participants will be eligible to earn four (4.0) Continuing Medical Education (CME) credits or continuing education (CE) credit for Psychologists, Registered Nurses, MFTs, LCSWs, and certified alcohol and drug counselors (CADCs, CATCs, CASs, and RASs).

All trainings are from 9 am to 1:15 pm:

❖ **January 13, 2015**

The California Endowment, 1000 N Alameda St, Los Angeles

❖ **February 4, 2015**

Long Beach Memorial Medical Center, 2801 Atlantic Ave, Long Beach

❖ **March 17, 2015**

The California Endowment, 1000 N Alameda St, Los Angeles

❖ **April 9, 2015**

Olive View-UCLA Medical Center, 14445 Olive View Drive, Sylmar

To register go to: <http://www.uclaisap.org/sbirt/>

The training is Co-Sponsored by:

California Department of Health Care Services (DHCS), California HealthCare Foundation (CHCF), Pacific Southwest Addiction Technology Transfer Center, UCLA Integrated Substance Abuse Programs, and Harbage Consulting



## Screening, Brief Intervention, Referral to Treatment (SBIRT) Training Attestation & Sign-In Form

### Instructions

- ✓ Upon successful completion and participation in the Screening, Brief Intervention, Referral to Treatment (SBIRT) training, **FAX the completed form to Preferred IPA at 818-265-0801**

### Provider Information

|                |                  |                  |               |
|----------------|------------------|------------------|---------------|
| PROVIDER NAME  |                  |                  |               |
| STREET ADDRESS |                  | CITY             | STATE<br>CA   |
| COUNTY         | TELEPHONE NUMBER | FAX NUMBER       | ZIP CODE      |
| COUNTY         |                  | TELEPHONE NUMBER | EMAIL ADDRESS |

### Attestation

*I acknowledge that this office has received the updated Screening, Brief Intervention, Referral to Treatment (SBIRT) training via*

- Recorded Webinar*     *Other:*

|                                 |                        |      |
|---------------------------------|------------------------|------|
| Signature of Physician/Designee | Printed Name and Title | Date |
|                                 |                        |      |

### All Provider and Office Staff Sign-In Sheet (Please attach additional pages if necessary.)

| Print Full Name and Title | Signature |
|---------------------------|-----------|
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**If you have any questions, please contact Provider Relations:**

**(818) 265-0800**

**Veronica Valencia x 238**

**Griselda Gudino x 230**  
**Sherman Yermian, x 234**  
**Vazrik Abtekian x 239**

**Maria Escamilla, x 240**  
**Cecilia Wong x 227**  
**Eileena Zepeda x 214**