

## EBPS IN ADDICTIONS – GATEWAY INFORMATION RECORD

### *Instructions*

#### ***Procedures***

Please respond to all items on the Submission Form.

The information you input will only be recorded if you save the document after you input your information. To do this, under File in your toolbar, hit save. Then if you want to rename the document and save it for safe keeping somewhere, you may do so using save as. After you complete the form, email the file and any supporting documentation to [EBPS-IN-ADDICTION@comcast.net](mailto:EBPS-IN-ADDICTION@comcast.net). We will consider all submissions for inclusion on the portal, subject to necessary editing and verification for quality control. Should you have any questions regarding for your submission, please also email them to the same address.

Submit one form per item in section B. This enables easy coding of information into a database. Please use WORD, RTF, EXCEL, or PDF formats for any supporting documentation.

And note: Your contact information is only for follow up if any questions arise regarding your submission. We require a name and email address; phone is optional.

#### ***Requested Information by Submission Category***

- For *Guidelines*, please present guideline name, an APA style citation, any sponsoring organizational information, any website connected to the information, and a copy or how a copy may be obtained.
- For *Policy or Regulations*, please provide an APA style citation along with a description/copy of the information and its scope, jurisdiction, date of origination, and date of expected termination if any..
- For *Citations*, please provide an APA style citation. If you wish to submit a bibliography that you have authored related to the citation, please do and submit a citation for the bibliography.
- For *Listserv Information*, please simply provide the name of the listserv, sponsoring group (if any), how individuals may subscribe, estimate of weekly traffic, and its general purpose and focus relevant to EBPs.
- For *Organizational Information*, please provide the name, contact information, website (if any), and purpose as related to EBPs.
- For *Meetings of Interest or Other Activities*, please provide the meeting or conference name, sponsor, relevant contact information, and particular information about EBPs in addiction at the meeting.
- For *Other Calls or Actions*, such as requests for guidelines reviews, funding opportunities, trainings, research, etc., please provide a brief description (100 words or less), noting relevance to EBPs in addiction, and relevant actions required and contact information.
- For *Other Materials for Public Use*, please describe in 100 words or less, provide relevant attachments, please also provide a statement that makes clear your ownership of the material, how you would like the information cited, and that we have permission to display the information for public use on the website.
- *Other Information*, please specify what the information is in 100 words or less, provide relevant attachments, and any required citations or permissions.

**EBPS IN ADDICTIONS – SUBMISSION FORM**

**A. Submitter Contact Information:**

Name: \*(Required)

Email: \*(Required)

Phone:

May we list you by name as a submitter on the website?      **YES**      **NO**

**B. *Gi Va jgg]cb 7 UH[ cfm The item submitted is best described as (check one):***

- |                               |                                   |   |
|-------------------------------|-----------------------------------|---|
| <i>Guidelines</i>             | <i>Policy or Regulations</i>      | <i>Citation/Bibliography</i>              |
| <i>Listserv Information</i>   | <i>Organizational Information</i> | <i>Meetings of Interest</i>               |
| <i>Other Calls or Actions</i> | <i>Other Activities</i>           | <i>Other Materials for Úublic W&amp;e</i> |
| <i>Other Information</i>      |                                   |   |

**C. *This information is precisely relevant to (check as many as apply):***

- |                      |                            |                               |
|----------------------|----------------------------|-------------------------------|
| Addictions (general) | Addiction & Trauma         | Addiction & Other Comorbidity |
| Screening            | Assessment                 | Treatment                     |
| Private Practice     | Community Clinics          | Forensic Settings             |
| Public Hospitals     | Private Treatment Settings | HMO Settings                  |
| Student Training     | Staff Training             | Administration                |
| Females              | Males                      | LGBT                          |
| Ethnic & Minority    | Non-Adults                 | Elders                        |
| Research             | Funding Concerns           | Funding Opportunities         |

**D. *In accord with the directions provided, the specific information I would like to submit is as follows:***

**E. *H jg'gi Va jgg]cb fYei jfYg'gi ddcfh]b[ 'XcW a Yblg" ' YES NO***

Remember: Under file, save your input; then if you want to rename the document and save it for safe keeping somewhere, you may do so using save as. Send any questions, your completed form, and any supporting documents to: [EBPS-IN-ADDICTION@comcast.net](mailto:EBPS-IN-ADDICTION@comcast.net)