

ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

Screening, Brief Intervention and Referral to Treatment (SBIRT)

Training Attestation

Name (please print): _____

Program: _____

My signature below indicates that I have viewed the following four Modules of the Wayne State University SBIRT course at: <https://sbirt.wayne.edu/courses> :

- Overview
- Screening
- Brief Overview
- Referral to Treatment

My signature also attests that I have successfully (minimum 80%) completed the post-test at https://waynestate.az1.qualtrics.com/jfe/form/SV_6eQGR415Ux5Uq1L, and I have achieved functional competency in the training subject matter. I understand that if I have any questions regarding the training subject matter, I may contact the St. Clair County Community Mental Health Training Department for clarification.

Signature: _____ Date: _____

Upon completion, please forward this training attestation to the training department.



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