

**Applicant Name:** Click here to enter your name.

**Work Sample Details**

**Name of audio file:** Click here to enter name of audio file.

**Language of the recorded sample:**

[ ]  **English** [ ]  **French** [ ]  **Spanish** [ ]  **Swedish** [ ]  **Norwegian** [ ]  **Danish** [ ]  **Dutch** [ ]  **German** [ ]  **Estonian** [ ]  **Polish** [ ]  **Japanese** [ ]  **Korean**

[ ]  **Other**

**If other, have you talked with MINT about submitting in this language? Yes** [ ]  **No** [ ]

*Click on the grey area to write*

**If yes, what language are you submitting in?**

**Which 20-minute segment of the recording would you like to have coded?**

**This recording is:**

[ ]  **an actual patient/client encounter** **OR**

[ ]  **a “real-play” addressing a real behavior change issue**

**(Role-plays will not be accepted)**

**Please identify the Change Goal/target behavior:**

This target behavior will be used to assess change talk in the session and evaluate the appropriateness of MI for this interaction**.**

**Clinician Certification of Client Permission**

[ ]  **By checking this box you are certifying that have obtained this audio-recorded work sample with the client’s permission and knowledge.**

*Bottom of Form*