**Clinician Certification of Client Permission**

I (type clinician’s name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do certify that I have obtained this audio-recorded work sample of a therapy session with the client’s permission and knowledge. I have placed a signed copy of the client’s written permission to tape this session in the client’s file in the agency where the recording was made.

Signature of applicant and date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This **FORM** must accompany your audio-recorded **WORK SAMPLE**.

FORMS are sent via email/postal mail to Denise Ernst.

**Work Sample Submission Form**

**Applicant Name:**

**Date of Submission (uploading or mailing):**

**Type of file:**

**\_\_\_\_\_\_\_\_Digital file uploaded via hightail or wetransfer (strongly preferred)**

**\_\_\_\_\_\_\_\_Digital file on a CD or thumb drive sent by mail**

**\_\_\_\_\_\_\_\_Cassette tape sent by mail**

**Language of the Audio sample: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For a work sample in a language other than English, please contact Denise Ernst directly at** **mint.tnt.coding.2013@gmail.com** **for instructions on submission of the sample.**

**Date of Audio:** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Length of Audio**: \_\_\_\_\_\_\_\_\_\_ **Segment for coding:** \_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_ This recording is of an actual patient/client encounter**

**\_\_\_\_\_\_\_\_ This recording is of a “real-play” addressing a real behavior change issue**

**What is Your Change Target?** This target behavior will be used to assess change talk in the session and evaluate the appropriateness of MI for this interaction**.**

**Describe the Context of the Session** (setting, type of practice, type of client, and anything else that will help the coders understand the session - In 150 words or less)

**Work Sample Submission Form (continued)**

**Applicant Name:**

**State the goal of the session.** Why was MI selected for this situation? Why was this client selected? (In 150 words or less)

**After listening to your session, describe what you see as strengths in your MI practice that are demonstrated in this sample.** Give examples when possible. To help us find this, give us the approximate time when these MI strengths occur on the recording. (In 150 words or less)

**Give an example of an area/s that you might like to see improvement from an MI perspective.** (In 150 words or less)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant Name Printed or Typed Applicant Signature and Date**

This **FORM** must accompany your audio-recorded **WORK SAMPLE**.

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