

# Opioid Awareness for Communities (OAC) Program Coversheet

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## Site and Training Information

**Institution:** \_\_\_\_\_

**Submitter:** \_\_\_\_\_

**City, State & Zip:** \_\_\_\_\_

**Date(s) of training/program:** \_\_\_\_\_

**Number receiving certificate of Successful Completion:** \_\_\_\_\_

## What type of training is this?

- In person only    Synchronous online only    Asynchronous online only  
 Synchronous online and in-person combination    Asynchronous online and in-person combination

## Required Forms

*Please indicate the number of each form included.*

\_\_\_\_\_ **Registration Form**

\_\_\_\_\_ **OAC Evaluation Form**

\_\_\_\_\_ **Community Impact Form (used whenever there is a returning/repeat participant)**

**Notes:** \_\_\_\_\_

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