

**PENNSYLVANIA ALCOHOL HIGHWAY SAFETY PROGRAM**

**CRN EVALUATOR I**

1. Your County: \_\_\_\_\_

2. Participant: \_\_\_\_\_

3. Business: \_\_\_\_\_

4. Address: \_\_\_\_\_

\_\_\_\_\_

5. Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

6. Workshop Date & Location: \_\_\_\_\_

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TO PARTICIPATE IN THIS WORKSHOP, THIS COMPLETED/SIGNED FORM ALONG WITH THE  
\$25 REGISTRATION FEE MUST BE MAILED TO OUR OFFICE *AT LEAST 10 DAYS* PRIOR TO  
THE TRAINING DATE!

**\*\*PARTICIPANT must have observed at least one (1) CRN Interview conducted by a  
certified Evaluator\*\***

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7. DUI Experience:

- a. Have you ever given DUI evaluations in the past?      \_\_\_yes \_\_\_no
- b. If yes, did you administer the PA CRN Evaluation?      \_\_\_yes \_\_\_no
- c. If you did NOT administer the PA CRN Evaluation, did  
    You administer the Mortimer/Filkins?      \_\_\_yes \_\_\_no
- d. Will you be a \_\_\_full time OR \_\_\_ part time evaluator?
- e. Years of experience in DUI \_\_\_\_.

8. Professional Background:

- a. Name of employer if not DUI Program \_\_\_\_\_
  - b. Do you have any experience in the following areas:
    - i. Drug & Alcohol      \_\_\_yes \_\_\_no
    - ii. Intake Interview      \_\_\_yes \_\_\_no
    - iii. Criminal Justice      \_\_\_yes \_\_\_no
  - c. If yes, please specify: \_\_\_\_\_
- \_\_\_\_\_

DUI Coordinator's Signature: \_\_\_\_\_

(If the DUI Coordinator is the participant, the signature of his/her immediate supervisor is required)

Mail form to: PA DUI Association~2413 N. Front Street~Harrisburg, PA 17110  
717-238-4354