

**PENNSYLVANIA ALCOHOL HIGHWAY SAFETY PROGRAM**

**CRN PERFORMANCE ANALYSIS WORKSHOP**

1. County \_\_\_\_\_

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

3. Business/Address \_\_\_\_\_  
\_\_\_\_\_

4. Telephone (\_\_\_\_) \_\_\_\_\_

5. Workshop Date & Location \_\_\_\_\_

(The workshop will run from 9:00 a.m. until approximately 4:00 p.m.)

6. Email \_\_\_\_\_

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7. Materials **REQUIRED** to attend this workshop are as follows:

\_\_\_ **3 complete CRN's** - a copy of all pages of each CIF

\_\_\_ **3 Worksheets** - one for each CIF - found on page I-5B of the CRN Manual

\_\_\_ **3 Client Profile Forms (CPF)** - for each CIF – printed off web

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

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8. Participant attended the CRN Evaluator I workshop on \_\_\_\_\_

9. Participant has completed \_\_\_\_\_ (approximately) evaluations

**DUI Coordinator's Signature** \_\_\_\_\_

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

**MAIL FORM, PAPERWORK, AND REGISTRATION FEE TO:  
PA DUI ASSOCIATION, 2413 N. FRONT STREET, HARRISBURG, PA 17110  
QUESTIONS CALL: 717-238-4354**