GAIN Usage Agreement
(last updated June 20, 2007)

By signing below I am agreeing to:

- use the GAIN only if I (or my agency) have a valid GAIN license agreement.
- represent the GAIN only as a tool for research or program evaluation and, if used clinically, as one of several sources of information that should be combined with clinical judgment in making diagnosis, placement and other clinical decisions.
- not train others to use the GAIN until I have been certified, or not otherwise misrepresent my certification level to others.

Name: _____

Agency: _____

Address: _____

_____

Phone: _____

Fax: _____

E-mail: _____

Grant Program (if applicable): Not Applicable

Grant # (if applicable): Not Applicable

Sponsor/Funder (if applicable): Not Applicable

GAIN License #: GL07-OTH-10 (CT SAC/DEPT. OF CHILDREN & FAMILIES)

_____ _____/____/_____
Trainee Signature Date (MM/DD/YYYY)

_____
Print Trainee's name

_____ _____/____/_____
GAIN Certified Trainer Date (MM/DD/YYYY)

_____
Print Trainer's name

Trainer, please initial all that apply:
___ **GAIN Coursework Certificate**
___ **GAIN Administration Certification**

Fax Completed Form to: Lisa Gudino at 309-451-7762