

134 SE 5th Avenue, Suite C, Hillsboro, OR 97123 161 St Helens St, Ste 102, St. Helens, OR 97051 Main Office: (503) 648-5269, Fax: (503) 648-5269

DUII Module Checklist

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	Client Name:	
ID#: _		Assessment Date:
•		um of four sessions over a four-week period and include the c education. (<i>The minimum 12 hours does not include or transfer planning</i>).
DUIII	Education shall include but is not limited	d to:
	☐ DUII Pre-Test : Oregon State Date Completed:	_ Initials:
	☐ Module 1: DUII Laws and Consequent Date Completed:	_
	☐ Module 2: Use of Alcohol and othe Date Completed:	
	☐ Module 3: Physical and Psychologic	cal Effects of Alcohol and other Drug Abuse
	Date Completed:	_ Initials:
	☐ Module 4: SUD Signs and Sympton	ns
	Date Completed:	_ Initials:
	☐ Module 5: SUD Recovery Support S	Services
	Date Completed:	_ Initials:
	☐ Module 6: Alternatives to Intoxicat	ed Driving
	Date Completed:	_ Initials:
	☐ Module 7: Creating and Maintainin	g a DUII Prevention Plan
	Date Completed:	_ Initials:
	☐ DUII Post-Test : Oregon State Date Completed:	Initials:

(No more than four of the 12 minimum hours shall be conducted utilizing educational films or pre-recorded audio-visual presentations)

Rev: 0612 2021 Page **1** of **2**



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Participants will also experien	nce the following;	
☐ Relapse Prevention Plan, T	estimonial, and Survey at or near the exit session.	
☐ Attend at least one AA med	eting (Field Trip) face-to-face or telehealth <u>Alcoholics Anonymous (aa.org)</u>	
intentions are to help assis	ysis testing. This testing is random throughout the Program. The st in accountability of abstinence, and the health and safety for all as you ucation about DUII and Oregon State rules and Laws.	

Rev: 0612 2021 Page 2 of 2