



GAIN Usage Agreement

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 an aid for clinical judgment and a tool for research and program evaluation.
- (if used clinically) use 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): _____

Grant number (if applicable): _____

Sponsor/Funder (if applicable): _____

GAIN License number: _____

Please print document and sign here or click to insert an electronic signature (if available).

GAIN User's signature

GAIN User's name

Date (mm/dd/yyyy)

*If you were trained by a certified trainer, please have him or her complete this section.
If you have not been trained, please leave this section blank.*

GAIN Certified Trainer's signature

GAIN Certified Trainer's name

Date (mm/dd/yyyy)