

Nicotine Dependence Treatment Certification & Continuing Education Program

Notice of Certification Program

Please note: \$85 per participant Administrative fee along with shipping and handling charges will be applied.

Send this form to The University of Arizona HealthCare Partnership at least 10 working days before a class is scheduled to allow time for processing and shipping. You will receive an acknowledgement of this request by fax, telephone, or email within 1 working day.

Call our office at (520) 626-9344 if you do not receive an acknowledgement.

Please fax this form to:

(520) 626-9355

Or mail to:

HealthCare Partnership

The University of Arizona

Babcock Building, Suite 3106

Tucson, AZ 85721-0151

Questions? (520) 626-9344

_____/_____/_____
Certification Date **Time** **Intended Audience/Organization**
What types of health advocates or specific organizations do you intend to reach at this workshop?

Open Closed

 Certification Location City State

_____/_____/_____
 Today's Date Instructor Name(s) Email

Shipping Address

 Business Name Street

 City State Zip

(_____) _____ (_____) _____
 Telephone Fax

Which program will you be teaching?

- Native Communities
- INSTRUCTOR Native Communities
- Maternal and Child Health
- INSTRUCTOR Maternal and Child Health
- Medical and Allied Health Professionals
- INSTRUCTOR Medical and Allied Health Professionals
- Instructional Specialist
- Treatment Specialist
- INSTRUCTOR Treatment Specialist

Expected number of attendees: _____

I have previously instructed The University of Arizona HealthCare Partnership continuing education/certification program.

Yes No

INSTRUCTOR and Treatment Specialist Programs: **Names of Certification Candidates**

All Instructor and Treatment Specialist Candidates must have a current Basic Skills certificate before registering. Remind participants to bring their Basic Skills Guidebook and participant handouts to the workshop.

Basic Skills Certified

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Official Use ONLY ~ Routing

ID # _____ Invoice/Inventory _____

Email/Call Instructor _____ Send Material _____

Online Event Calendar _____ Prep Flyer _____

Copy to File _____ Other _____