

# 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 <input type="checkbox"/> Closed <input type="checkbox"/>

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. _____ | <input type="checkbox"/> |
| 2. _____ | <input type="checkbox"/> |
| 3. _____ | <input type="checkbox"/> |
| 4. _____ | <input type="checkbox"/> |
| 5. _____ | <input type="checkbox"/> |
| 6. _____ | <input type="checkbox"/> |
| 7. _____ | <input type="checkbox"/> |
| 8. _____ | <input type="checkbox"/> |

### Official Use ONLY ~ Routing

- |  |  |
|--|--|
| <input type="checkbox"/> ID # _____                  | <input type="checkbox"/> Invoice/Inventory _____ |
| <input type="checkbox"/> Email/Call Instructor _____ | <input type="checkbox"/> Send Material _____     |
| <input type="checkbox"/> Online Event Calendar _____ | <input type="checkbox"/> Prep Flyer _____        |
| <input type="checkbox"/> Copy to File _____          | <input type="checkbox"/> Other _____             |