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 _____

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Transforming Lives with Evidence-Based Practices