

<p style="text-align: center;"><u>Pharmacotherapy</u></p> <p>Provide clear and accurate information about evidence-based pharmacotherapy options available and their therapeutic use</p>	<p><input checked="" type="checkbox"/> This competency is addressed as follows: NRT – Nicotine Replacement Therapy -Rationale for Use -Overview of Medications -Proper Instructions of Use for Client -Tips to counselors on working with MD’s Other Non-Nicotine pharmacotherapy -Rationale for Use -Overview of Medications -Proper Instructions of Use for client -Tips to counselors on working with MD’s Frequently Asked Questions About Medications</p> <p><input type="checkbox"/> Not addressed</p>
<p style="text-align: center;"><u>Relapse Prevention</u></p> <p>Offer methods to reduce relapse and provide ongoing support for tobacco-dependent persons</p>	<p><input checked="" type="checkbox"/> This competency is addressed as follows: Relapse Prevention - Strategies to avoid relapse - Recognition and addressing trigger situations</p> <p><input type="checkbox"/> Not addressed</p>
<p style="text-align: center;"><u>Diversity & Specific Health Issues</u></p> <p>Demonstrate competence in working with population subgroups and those who have specific health issues</p>	<p><input checked="" type="checkbox"/> This competency is addressed as follows: Cultural Diversity -Techniques for outreach and identifying key stakeholders in your community for referral -Considerations when working with various Cultural/Ethnic groups -Special populations (i.e. youth, addictions, mental health, pregnant woman) Case Reviews/Doctor’s Panel -Review of medications and treatment considerations for various special populations</p> <p><input type="checkbox"/> Not addressed</p>
<p style="text-align: center;"><u>Documentation & Evaluation</u></p> <p>Describe and use methods for tracking individual progress, record keeping, program documentation, outcome measurement and reporting</p>	<p><input checked="" type="checkbox"/> This competency is addressed as follows: Program Development, Billing, Marketing, Evaluation -Patient follow-up -Clinic evaluation and data base -Coding and billing procedures -Direct Marketing and Community Outreach</p> <p><input type="checkbox"/> Not addressed</p>
<p style="text-align: center;"><u>Professional Resources</u></p> <p>Utilize resources available for client support and for professional education or consultation</p>	<p><input checked="" type="checkbox"/> This competency is addressed as follows: Quitline, Quitnet, Nicotine Anonymous Website Resources Suppliers of Clinical Resources, Books, Videos, etc. Professional Organizations</p> <p><input type="checkbox"/> Not addressed</p>
<p style="text-align: center;"><u>Law & Ethics</u></p> <p>Consistently use a code of ethics and adhere to government regulations specific to the health care or work site setting</p>	<p><input checked="" type="checkbox"/> This competency is addressed as follows: Review of CTCS Code of Ethics</p> <p><input type="checkbox"/> Not addressed</p>

<p>Professional Development Assume responsibility for continued professional development and contributing to the development of others</p>	<p><input checked="" type="checkbox"/> This competency is addressed as follows: Networking Serving as a resource in your organization Encourage ATTUD Membership Other Professional Organizations/List serves Continuing Education</p> <p><input type="checkbox"/> Not addressed</p>
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ADDITIONAL CONSIDERATIONS

<p>ATTUD endorses training to and use of evidence-based treatments. Most guidelines and experts do not consider the following to be examples of evidence-based procedures: hypnosis, acupuncture, low laser light therapy, anticholinergic injections, vitamin therapy, and the use of reduced harm tobacco products.</p> <p>Given the above, do you consider your program to be evidence-based?</p>	<p><input type="checkbox"/> Hypnosis, describe: <input type="checkbox"/> Acupuncture, describe: <input type="checkbox"/> Low-laser light therapy, describe: <input type="checkbox"/> Anticholinergic injection (e.g., scopolamine), describe: <input type="checkbox"/> Vitamin therapy, describe: <input type="checkbox"/> Use of reduced harm tobacco products, describe: <input type="checkbox"/> Other, describe:</p> <p>The TDP training does not endorse any other treatment considerations other than those that are evidence-based. However, a brief, general overview of other alternative/complementary treatments and items marketed to smokers are provided to participants so they can be prepared to address these issues in the treatment setting. Participants are taught how to read the literature and evaluate their claims for accuracy.</p>
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<p>It is the opinion of ATTUD that any affiliation with or funding from the tobacco industry compromises training efforts related to the treatment of tobacco dependence.</p>	<p>Is your program affiliated with the tobacco industry in any manner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please explain any arrangements in detail:</p> <p>Does your program accept any funding or is it supported in any way by tobacco industry funding? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please explain any arrangements in detail:</p>
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ADMINISTRATIVE ASSURANCE

This application is hereby submitted to the **Association for the Treatment of Tobacco Use and Dependence (ATTUD)**. We attest to the following:

1. All information provided in the associated application form is complete and accurate, to the best of my knowledge.
2. Our program has been in operation for at least one year.
3. Our program is currently active.
4. We agree to notify ATTUD with any significant changes to the information provided above.
5. We understand that if approved, our program information will be viewable on the ATTUD website and downloadable as a PDF file.

TTS Training Program Director:	Nancy Speelman Edwards, CSW, LCADC, CTTS
Training	and Education Coordinator
Today's Date: April	9, 2008
Telephone Number: 732-235	-8218
Fax Number: 732-235	-8297
Email Address: nancy.speel	man@umdnj.edu

By checking this box, and having provided my contact information directly above, I acknowledge (a) my agreement with the statements above, and (b) this action represents the equivalent of a written signature.

Department Chair / Institutional Executive:	Jonathan Foulds, Ph.D., CTTS, Director
Today's Date: April	9, 2008
Telephone Number: 732-235	-8213
Fax Number: 732-235	-8297
Email Address: jonatha	n.foulds@umdnj.edu

By checking this box, and having provided my contact information directly above, I acknowledge (a) my agreement with the statements above, and (b) this action represents the equivalent of a written signature.
