

**ATTUD APPLICATION FORM FOR WEBSITE LISTING (PHASE 1):  
TOBACCO TREATMENT SPECIALIST (TTS) TRAINING PROGRAM**

**APPLICATION NUMBER: TTS – 2010\_2\_0011**

**PROGRAM INFORMATION & OVERVIEW**

Date of this Application	2/01/10
Full Name of Training Program	The Breathing Association Tobacco Treatment Specialist Training Certification Course
Organizational / Institutional Sponsor	The Breathing Association
Street Address	1520 Old Henderson Rd
City, State, Zip (or equivalent)	43220
Country	USA
Website Address / URL	www.breathingassociation.org
Contact Name	Laura Atkinson
Telephone	614-437-1511
Fax	614-457-3777
Email Address	latkinson@breathingassociation.org
Sources of Funding (check all that apply)	<input type="checkbox"/> Federal grants <input type="checkbox"/> State grants / appropriations / tobacco control programs <input checked="" type="checkbox"/> Fee for services <input type="checkbox"/> Other in-house funding <input checked="" type="checkbox"/> Pharmaceutical industry contracts <input checked="" type="checkbox"/> Foundation funding (non-governmental organizations) <input type="checkbox"/> Other, please describe:
Years Training Program has been in Existence	2 years
Number of Tobacco Treatment Specialists (TTS) trained to date	59
Is the training curriculum based upon a set of evidenced-based guidelines?	<input checked="" type="checkbox"/> Yes, cite: ATTUD, Mayo Clinic Model the US Public Health Service Guidelines for treating tobacco use, and evidence-based recommendations of authoritative groups in the field.  <input type="checkbox"/> No, please explain:
Registration	Resident rate:           \$500.00 Non-Resident rate:   \$500.00
What is covered by this cost?	<input checked="" type="checkbox"/> Enrollment <input checked="" type="checkbox"/> Learning materials <input checked="" type="checkbox"/> Testing <input checked="" type="checkbox"/> Certification <input checked="" type="checkbox"/> Support after the program is completed <input checked="" type="checkbox"/> Web-based or other resource materials <input type="checkbox"/> Other, describe:



Experience requirements	<p>Contact time in tobacco cessation patient care may be either prior to or subsequent to the Tobacco Treatment Specialist course. For those with a Bachelor's degree or less, applicants should demonstrate a total of 480 hours of clinical activity related to tobacco use cessation. Persons with a graduate degree or post-Bachelor's qualifications in a health-related field (e.g., advanced-practice nursing) should show 240 hours of patient care activity in tobacco cessation. Several types of activity related to cessation can count toward this requirement:</p> <ul style="list-style-type: none"> <li>• Delivering direct patient care in tobacco cessation in group or individual counseling sessions, and/or telephone interventions and follow-up</li> <li>• Teaching classes about tobacco cessation and related issues</li> <li>• Preparation time involved with cessation sessions or training classes</li> <li>• Supervision of other healthcare personnel who provide tobacco cessation services</li> </ul> <p>Those who attend the course and pass the written test, but have not fulfilled the patient care requirements prior to the course will receive a Provisional Certificate. Candidates for full certification should complete the requirements for patient care activity within 2 years of taking the Tobacco Treatment Specialist training course. Following validation of the patient care requirements by the applicant's supervisor or employer, trainees will have completed the certification requirements as fully Certified Tobacco Treatment Specialists.</p>
Tobacco-free for a specified period?	<input checked="" type="checkbox"/> Yes, for how long: 6 months <input type="checkbox"/> No
Other requirements	

**CERTIFICATION**

Is Certification offered?	<input checked="" type="checkbox"/> Yes, by the training program or sponsor institution <input type="checkbox"/> Yes, by an external board  Describe certification process: Those who attend the course and pass the written test, but have not fulfilled the patient care requirements prior to the course will receive a Provisional Certificate. Candidates for full certification should complete the requirements for patient care activity within 2 years of taking the Tobacco Treatment Specialist training course. Following validation of the patient care requirements by the applicant's supervisor or employer, trainees will have completed the certification requirements as fully Certified Tobacco Treatment Specialists.  The Breathing Association TTS Certificate is valid for two years. Recertification requires proof of continuing education from an accredited organization, on tobacco cessation, prevention, health policy, or closely related areas such as behavioral health and counseling, with 18 hours training during the two year interval. A recertification fee of \$75 is subject to change.  <input type="checkbox"/> No certification available
Duration of Certification Award	2 years
Is Certification available to non-residents?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Cost	<input type="checkbox"/> Included as part of Training Registration Fee <input checked="" type="checkbox"/> Initial Certification fee charged: \$500.00 <input checked="" type="checkbox"/> Re-Certification fee charged: \$75.00
Educational requirements	Same as above
Credential requirements	Same as above
Experience requirements	Same as above
Examination requirement (check all that apply)	<input checked="" type="checkbox"/> On-site <input type="checkbox"/> Off-site  <input type="checkbox"/> On-line <input checked="" type="checkbox"/> Paper test <input type="checkbox"/> Other, describe:  <input type="checkbox"/> None
Other requirements	
Number of TTS certified to date	59

**ENDORSEMENT OF ATTUD COMPETENCIES**

The Association for the Treatment of Tobacco Use and Dependence (ATTUD) has developed a list of core competencies. ATTUD recommends that all Tobacco Treatment Specialist Trainings offer instruction in these core areas. Brief descriptions of these competencies follow. For a more comprehensive description of the core competencies, go to: <http://www.attud.org/tts.php>

**Please limit your response for each competency to a maximum of 125 words.**

**Definition:** A Tobacco Treatment Specialist is a professional who possesses the skills, knowledge and training to provide effective, evidence-based interventions for tobacco dependence across a range of intensities. The TTS may have various professional affiliations and may work in a variety of settings including but not limited to hospitals, community health centers, HMOs, medical and dental practices, educational settings, social service agencies, tobacco treatment centers, telephone quitlines, drug abuse treatment programs and mental health centers. The TTS may engage not only in providing treatment but also in educating others (health care professionals, administrators, scientists, smokers, nonsmokers) about tobacco dependence treatments.

**Which of the following are addressed by your training program?**

<p><b><u>Tobacco Dependence Knowledge &amp; Education</u></b> Provide clear and accurate information about tobacco use, strategies for quitting, the scope of the health impact on the population, the causes and consequences of tobacco use</p>	<p><input checked="" type="checkbox"/> This competency is addressed as follows: Presentations are provided to cover these areas, 1 hr. Tobacco Dependence a Chronic Disease, 1 hour Epidemiology &amp; Pathology, Motivational Interviewing. See attached learning objectives for more information.</p> <p><input type="checkbox"/> Not addressed</p>
<p><b><u>Counseling Skills</u></b> Demonstrate effective application of counseling theories and strategies to establish a collaborative relationship and to facilitate client involvement in treatment and commitment to change</p>	<p><input checked="" type="checkbox"/> This competency is addressed as follows: Counseling skills and competency as defined by ATTUD are discussed. Skills such as the Trans-theoretical Model, Motivational Interviewing, Stress Management Techniques, Relapse Prevention are practiced and demonstrated by participants</p> <p><input type="checkbox"/> Not addressed</p>
<p><b><u>Assessment Interview</u></b> Conduct an assessment interview to obtain comprehensive and accurate data needed for treatment planning</p>	<p><input checked="" type="checkbox"/> This competency is addressed as follows: Various assessment/intake forms are reviewed, evaluated. Participants must demonstrate ability to administer an assessment using Motivational Interviewing technique.</p> <p><input type="checkbox"/> Not addressed</p>
<p><b><u>Treatment Planning</u></b> Demonstrate the ability to develop an individualized treatment plan using evidence-based treatment strategies</p>	<p><input checked="" type="checkbox"/> This competency is addressed as follows: Participants learn how to develop individualized treatment plans to include consideration of individual medical history, medications, contraindications, diversity, special needs, i.e. mental, physical handicap, and barriers.</p> <p><input type="checkbox"/> Not addressed</p>
<p><b><u>Pharmacotherapy</u></b> 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: 4 hours of presentations on Pharmacotherapy for Tobacco Treatment to include FDA approved medications for tobacco treatment, the neurobiology and mechanisms of actions for tobacco treatment medication. 4 hours on Tobacco Treatment, Pharmacotherapy and Mental Illness and Substance Abuse Disorder</p> <p><input type="checkbox"/> Not addressed</p>

<p align="center"><b><u>Relapse Prevention</u></b></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:</p> <p><input type="checkbox"/> Not addressed</p>
<p align="center"><b><u>Diversity &amp; Specific Health Issues</u></b></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: 4 hours on Tobacco Treatment and Diversity addressing, African-American, Latino, Asian populations. 1 hour Pregnancy, 4 hours Mental Illness, Substance Abuse are addressed in separate presentations.</p> <p><input type="checkbox"/> Not addressed</p>
<p align="center"><b><u>Documentation &amp; Evaluation</u></b></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: Participants are given examples and resources to assist them in tracking individual progress, record keeping, program documentation and outcomes measurements and reporting.</p> <p><input type="checkbox"/> Not addressed</p>
<p align="center"><b><u>Professional Resources</u></b></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: A CD and handouts with a wide range of resources is provided to each participant. Presenter's highlight key studies, tools and guidelines, CEU programs.</p> <p><input type="checkbox"/> Not addressed</p>
<p align="center"><b><u>Law &amp; Ethics</u></b></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: ATTUD guidelines for law and ethics are reviewed discussed. Case studies are presented to help counselors deal with questions of law and ethics.</p> <p><input type="checkbox"/> Not addressed</p>
<p align="center"><b><u>Professional Development</u></b></p> <p>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: The course requires ongoing continuing education to maintain certification. In addition The Breathing Association Healthcare Professional Training Center provides 1 and 4 hour CME/CEU workshops on tobacco cessation and related topics.</p> <p><input type="checkbox"/> Not addressed</p>
<b>ADDITIONAL CONSIDERATIONS</b>	
<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please provide any additional commentary you would like ATTUD to consider:</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.

Is your program affiliated with the tobacco industry in any manner?

Yes

No

Please explain any arrangements in detail:

Does your program accept any funding or is it supported in any way by tobacco industry funding?

Yes

No

Please explain any arrangements in detail:

## 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.

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TTS Training Program Director: Laura Atkinson, M.A. PhD abd  
Today's Date: 2/01/10  
Telephone Number: 614-437-1511  
Fax Number: 614-457-3777  
Email Address: latkinson@breathingassociation.org

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.

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Department Chair / Institutional Executive: Tom Houston M.D  
Today's Date: 2/01/10  
Telephone Number: 614-566-2640  
Fax Number:  
Email Address: thouston@ohiohealth.org

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.

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