# ../84561B15-DE37-4431-83AF-427E55D97178/fulllogo.png

# Council for Tobacco Treatment Training Programs

## [Program Name]

|  |
| --- |
| **Designated Contact Person** |
| Name: |
|  |
| Title: |
|  |
| Address: |
|  |
|  |
|  |
|  |
| Email: |
|  |
| Phone: |
|  |
| Fax: |
|  |
|  |
| **Designated Secondary Contact Person** |
| Name: |
|  |
| Title: |
|  |
| Email: |
|  |
| Phone: |
|  |

## Application for Program Accreditation Date

|  |
| --- |
| **Program Information** |
| Name of Sponsoring Agency/Organization |
| (if applicable): |
|  |
|  |
| Mailing Address: |
|  |
|  |
|  |
|  |
|  |
| Website (if applicable): |
|  |

**TABLE OF CONTENTS**

Application Instructions…………………………………………………………………………………..… 3

Benefits & Responsibilities of Accreditation…………………………………………………………………4

Pending Accreditation Policy………………………………………………………………………………... 5

Required Information………………………………………………………………………………………... 6

Statement of Understanding………………………………………………………………………………… 9

Competency Areas with Minimum Required Hours………………………………………………………... 10

Tobacco Treatment Specialist Core Competencies …………………………………………………………11

Five-Year Program Goals and Objectives ……………………………………………………………….….22

# APPLICATION INSTRUCTIONS

Please review the entire application. If there is a section of the application that is unclear, please email [info@ctttp.org](mailto:info@ctttp.org) for clarification.

Applications are confidential and are reviewed by the Council for Tobacco Treatment Training Programs Board of Councilors. The review process may result in approval or a request for clarification, additional information, and/or identification of deficiencies that need to be addressed prior to approval.

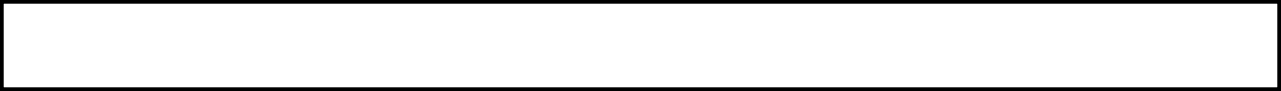
Please maintain a copy of your approved application. Accredited programs must complete annual reports and re-accreditation applications every five years.

**Application Completion Guidelines**

1. All application materials must be submitted in two formats: 1) electronically as a PDF portfolio; and 2) mailed as a hard copy in a three-ring binder with tabs for each exhibit. Both submissions must contain the complete application, including all program information and forms.
2. The program must submit the application fee at the time of application submission. Checks may be mailed to Board of Councilors of the Council for Tobacco Treatment Training Programs  
   2424 American Lane, Madison, WI 53704 or CTTTP can process a credit card by calling our office at 608-443-2468 x153.
3. Documentation, with appropriate page numbers and references noted, must be provided for each required competency area/skill set.
4. Documents in electronic format should be sent to [info@ctttp.org](mailto:info@ctttp.org).
5. Documents in a three-ring binder and the application fee should be mailed to:  
     
   **Board of Councilors of the Council for Tobacco Treatment Training Programs  
   2424 American Lane, Madison, WI 53704**

**Fee Table**

|  |  |  |
| --- | --- | --- |
| **CTTTP Fees** | | **Payment Schedule** |
| Accreditation Application Fee | $500 | One-time fee due when pending accreditation application or new application is submitted. |
| Annual Accreditation Fee | $1,000 | Due when accreditation is granted and with submission of each annual and re-accreditation report. |



**All applications and accompanying documents submitted for review are confidential and become the property of the Council. Neither original documents nor copies will be returned to the applicant.**

# Benefits & Responsibilities of Accreditation

# Benefits

Accreditation is an important source of external validity for your program. Accredited status means that your program was thoroughly reviewed by a multidisciplinary panel of international experts who agree that your program meets the standards put forth by experts in the field. Accreditation is valid assurance of quality control and will make your program more attractive to potential trainees. Accreditation will also make your trainees more marketable. Once accredited, your trainees are eligible to apply for the national credential ([www.nadaac.org/NCTTP](http://www.nadaac.org/NCTTP) ). Accreditation provides your program with a number of other benefits including:

* Promotion of your program as one of the Council-accredited programs on the Council website and other Council marketing activities.
* Assistance in the provision of training and the management of the training program.
* A strong voice in the maintenance and revision of the Tobacco Treatment Specialist Core Competencies and skill sets.
* Avenues for promoting any continuing education opportunities developed by your program.
* Free six-month ATTUD membership that you can provide to all trainees.

# Responsibilities

# To maintain accreditation, there are a few reporting requirements:

# Annual Report

* + Each year while your program is accredited, CTTTP requires an Annual Report which will outline any substantial changes in your program and provide an opportunity for reflection on the past year. The CTTTP Executive Office will send your program a reminder and the required forms to the designated program contact person 60 days prior to your program’s deadline, but the annual report form is available at any time upon your request. An Annual Report will be due after Year 1, 2, 3 and 4.
  + Annual Accreditation fee of $1000 due with report submission

# Re-accreditation:

# After Year 5 of your accreditation, you will need to complete a Re-accreditation Application

# The annual Accreditation fee of $1000 is due with the re-accreditation application submission

# Minimal Data Set (due in January each year regardless of the due date of your Annual Report)

# Part A: CTTTP requires that programs report specific characteristics of their trainees (e.g., demographics, profession, etc.) in a de-identified data set. The characteristics to be collected and the response options are provided to all newly accredited programs.

# Part B: In the beginning of each year, CTTTP requires each program report number of Tobacco Treatment Specialists who completed the Tobacco Treatment Specialist training from January 1 – December 31 of the previous year.

# Pending Accreditation Policy

**Pending Accreditation Policy**

**Overview:**

For programs who are in the process of applying for Tobacco Treatment Specialist Program Accreditation, the Council may permit the training program to use the designation “Pending Accreditation by the Council for Tobacco Treatment Training Programs” and issue the Council-approved Training Completion Document. Approval will be for a limited time to enable the program to collect program evaluation data and complete their application for accreditation. If the subsequent Councilor review of the Application for Program Accreditation determines that there are deficits in the training content, the training program must ensure that all participants trained during the Pending Accreditation period are provided the missing and / or recommended content.

To be considered programs must submit:

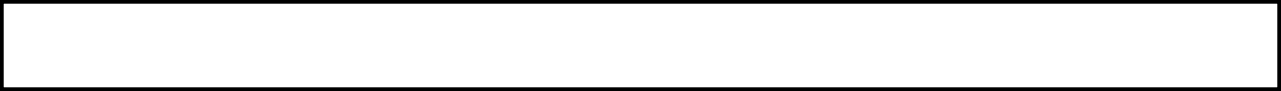
* Request for Pending Accreditation Status Application
* Accreditation Application fee

**Eligibility Criteria:**  Pending Accreditation status will be granted when the program submits a request that meets the following criteria:

1. Number and dates of trainings to be conducted during the Pending Accreditation period are clearly stated.
   1. These trainings must include the collection of trainee feedback to be used in the development of the New Program Accreditation application.
   2. Note: Only a limited number of trainings may be requested and must be completed within a specified time period.
2. Preliminary workshop schedule, syllabus and/or description of the program to be conducted is included in the application and demonstrates clear attention to the Tobacco Treatment Specialist Core Competencies and Skill Sets.
3. A clear plan is described to ensure that trainees who attend during the Pending Accreditation period will be provided with any updated content that is required following the Councilor review of the Application for Program Accreditation.
4. The program submits the Accreditation Application Fee.

**Review and Approval Process:** The Council Board of Directors will review the Request for Pending Accreditation Status Application and issue a determination about use of the Pending Accreditation status and issuance of the Training Completion Document for the specified trainings within two weeks of receipt of the Pending Accreditation request. The approval letter will include:

* + - 1. The number and dates of trainings allowed to use Pending Accreditation status.
      2. The expiration date of the Pending Accreditation status.
      3. Due date of the Application for Program Accreditation, which will be 30 days from the expiration of the Pending Accreditation status.
      4. A template of the Council-approved Training Completion Document, including the signature of the Council President.



**CTTTP reserves the rights to amend these procedures at any point.**

# Required Information

1. **Describe the program, including information about any influencing factors such as location (urban, rural, etc.), target treatment population, or other unique characteristics. Include a description of the flow of the program describing what a participant might expect in terms of classroom seat-time, time in break-out sessions, etc. Please attach an outline or syllabus corresponding to the program schedule.**
2. **Provide a list of program faculty or instructors in alphabetical order by last name along with a statement from each describing his or her teaching qualifications. Please attach the curriculum vitae or resume for each individual listed.**
3. **Participant evaluation: Describe all assessment or evaluation tools used to evaluate participant knowledge of program content. How are learners assessed with regard to evidence-based pharmacotherapies? Describe the process for identifying and addressing participants who do not demonstrate sufficient command of the program content. Please provide a copy of all assessment instruments used.**
4. **Indicate location of all references to your non-discrimination statements. The Council requires that the program not discriminate on the basis of race, gender, religion, or sexual orientation.**
5. **Describe the process for inviting professionals who serve culturally and linguistically diverse populations to participate in the training program.**
6. **Describe the facility or facilities in which the training is delivered. Are all facilities handicapped accessible?**
7. **Describe how accommodations are made for people with various types of disabilities.**
8. **Describe the grievance procedures and refund policy available to program participants.**
9. **Describe the cancellation policy. Where is this detailed in the promotional materials?**
10. **Provide a summary of participant evaluations of the program for at least one prior training.**

**Tobacco Treatment Specialist Training Program Re-accreditation**

**STATEMENT OF UNDERSTANDING**

As the Designated Contacts for **[PROGRAM NAME]**, we acknowledge that all the information in this application is correct and accurate. In addition, we understand that we may be required to furnish additional information to the Board of Councilors for them to determine whether our program complies with accreditation requirements.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of Designated Contact Person |  | Signature of Secondary Contact Person |
|  |  |  |
| Date Signed |  | Date Signed |

### TTS Core Competencies Minimum Hours Required to Address Content

The table below indicates the minimum number of hours identified as necessary to cover each required competency area and the overall minimum number of hours required for a program to be considered for accreditation. Please list in the “Applying Program’s Hours” section the number of hours of instruction that participants in the applicant program receive and the total number of hours of instruction the program entails.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Competency | Definition | Minimum Hours Required | Applying Program’s Hours |
|  |  |  |  |  |
| 1 | Tobacco Dependence Knowledge and Education | 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 | 2 |  |
| 2 | Counseling Skills | Demonstrate effective application of counseling theories and strategies to establish a collaborative relationship, and to facilitate client involvement in treatment and commitment to change | 5 |  |
| 3 | Assessment Interview | Conduct an assessment interview to obtain comprehensive and accurate data needed for treatment planning | 3 |  |
| 4 | Treatment Planning | Demonstrate the ability to develop an individualized treatment plan using evidence- based treatment strategies | 2 |  |
| 5 | Pharmacotherapy | Provide clear and accurate information about pharmacotherapy options available and their therapeutic use | 4 |  |
| 6 | Relapse Prevention | Offer methods to reduce relapse and provide ongoing support for tobacco-dependent persons | 2 |  |
| 7 | Diversity and Specific Health Issues | Demonstrate competence in working with population subgroups and those who have specific health issues | 2 |  |
| 8 | Documentation and Evaluation | Describe and use methods for tracking individual progress, record keeping, program documentation, outcome measurement, and reporting | 1 |  |
| 9 | Professional Resources | Utilize resources available for client support and for professional education or consultation | 1 |  |
| 10 | Law and Ethics | Consistently use a code of ethics and adhere to government regulations specific to the health care or worksite setting | 1 |  |
| 11 | Professional Development | Assume responsibility for continued professional development and contributing to the development of others | 1 |  |
|  | **TOTAL** |  | **24 Minimum**  **Total Hours** |  |

**Required Competencies and Skill Sets for TTS Program Accreditation**

**Instructions:** Applicants must provide related page numbers and identifying references for each core competency by notating where each skill set is found in the submitted curriculum.

**Core Competency 1: Tobacco Dependence Knowledge and Education**

*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.*

**Required Skill Set:**

* + 1. Describe the prevalence and patterns of tobacco use, dependence and cessation in the country and region in which the treatment is provided, and how rates vary across demographic, economic, and cultural subgroups.

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

* + 1. Utilize the findings of national reports, research studies, and guidelines on tobacco treatment.

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

* + 1. Explain the health consequences of tobacco use and benefits of quitting, and the basic mechanisms of the more common tobacco-induced disorders.

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

* + 1. Describe how tobacco dependence develops and be able to explain the biological, psychological, and social causes of tobacco dependence.

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

* + 1. Summarize and be able to apply valid and reliable diagnostic criteria for tobacco dependence.

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

* + 1. Describe the chronic relapsing nature of tobacco dependence, including typical relapse patterns and predisposing factors.

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

* + 1. Provide information that is gender, age, and culturally sensitive and appropriate to learning style and abilities.

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

* + 1. Identify evidence-based treatment strategies and the pros and cons for each strategy.

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

**Skill sets that are encouraged but not required:**

* + 1. Explain the role of treatment for tobacco use and dependence within a comprehensive tobacco control program.

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

* + 1. Explain the societal and environmental factors that promote and inhibit the spread of tobacco use and dependence.

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

* + 1. Be able to discuss alternative therapies such as harm reduction, hypnosis, acupuncture, and cigarette tapering.

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

* + 1. Demonstrate ability to access information on the above topics.

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

**Core Competency 2: Counseling Skills**

*Demonstrate effective application of counseling theories and strategies to establish a collaborative relationship, and to facilitate client involvement in treatment and commitment to change.*

**Required Skill Set:**

1. Demonstrate effective counseling skills, such as active listening and empathy, that facilitate the treatment process.

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

1. Demonstrate establishing a warm, confidential, and nonjudgmental counseling environment.

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

1. Describe and demonstrate use of an evidence-based method for brief interventions for treating tobacco use and dependence, as identified in current guidelines.

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

1. Describe the use of models of behavior change including motivational interviewing, cognitive therapy, and supportive counseling.

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

1. Demonstrate the effective use of clinically sound strategies to enhance motivation and encourage commitment to change.

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

1. Demonstrate competence in at least one of the empirically supported counseling modalities such as individual, group and telephone counseling.

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

**Core Competency 3: Assessment Interview**

*Conduct an assessment interview to obtain comprehensive and accurate data needed for treatment planning.*

**Required Skill Set:**

1. Demonstrate the ability to conduct an intake assessment interview including:
   1. Tobacco use history
   2. Validated measures of motivation to quit
   3. Validated measures for assessing tobacco use and dependence
   4. Current challenges and barriers to attaining permanent abstinence
   5. Current strengths to support abstinence
   6. Prior quit attempts including treatment experiences, successes, and barriers
   7. Availability of social support systems
   8. Preferences for treatment
   9. Cultural factors influencing making a quit attempt.

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

1. Demonstrate the ability to gather basic medical history information and conduct a brief screening for psychiatric and substance abuse issues.

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

1. Describe when to consult with primary medical care providers and make appropriate referrals before treatment planning is implemented.

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

1. Describe the existing objective measures of tobacco use such as CO monitoring, and/or cotinine level assessments.

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

**Core Competency 4: Treatment Planning**

*Demonstrate the ability to develop an individualized treatment plan using evidence-based treatment strategies.*

**Required Skill Set:**

1. In collaboration with the client, identify specific and measurable treatment objectives.

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

1. Plan individualized treatments that account for patient assessment factors identified during the intake assessment and history gathering.

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

1. Collaboratively develop a treatment plan that uses evidence-based strategies to assist the client in moving toward a quit attempt and/or continued abstinence from tobacco.

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

1. Describe a plan for follow-up to address potential issues, including negative outcomes.

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

1. Demonstrate the process to make referrals to other health care providers or to recommend additional care.

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

**Core Competency 5: Pharmacotherapy**

*Provide clear and accurate information about pharmacotherapy options available and their therapeutic use*.

**Required Skill Set:**

1. Describe the benefits of combining pharmacotherapy and counseling.

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

1. Provide information on correct use, efficacy, adverse events, contraindications, known side effects, and exclusions for all tobacco dependence medications approved by national regulatory agencies.

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

1. Identify information relevant to a client’s current and past medical, psychiatric, and smoking history (including past treatments) that may impact pharmacotherapy decisions.

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

1. Provide appropriate patient education for therapeutic choices and dosing for a wide range of patient situations.

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

1. Communicate the symptoms, duration, incidence, and magnitude of nicotine withdrawal.

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

1. Describe the use of combinations of medications and higher dose medications to enhance the probability of abstinence.

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

1. Identify possible adverse reactions and complications related to the use of pharmacotherapy for tobacco dependence, making timely referrals to medical professionals/services. Demonstrate ability to address concerns about minor and/or temporary side effects of these pharmacotherapies.

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

1. Demonstrate ability to collaborate with other healthcare providers to coordinate the appropriate use of medications, especially in the presence of medical or psychiatric co-morbidities.

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

**Skill sets that are encouraged but not required:**

1. Identify second-line medications and be able to find information about them as needed.

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

1. Provide information about alternative therapies based upon recognized reviews of effectiveness, such as the Cochrane reviews and the USPHS Guidelines.

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

**Core Competency 6: Relapse Prevention**

*Offer methods to reduce relapse and provide ongoing support for tobacco-dependent persons.*

**Required Skill Set:**

1. Identify personal risk factors and incorporate into the treatment plan.

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

1. Describe strategies and coping skills that can reduce relapse risk.

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

1. Provide guidance in modifying the treatment plan to reduce the risk of relapse throughout the course of treatment.

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

1. Describe a plan for continued aftercare following initial treatment.

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

1. Describe how to make referrals to additional resources to reduce risk of relapse.

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

1. Implement treatment strategies for someone who has lapsed or relapsed.

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

**Core Competency 7: Diversity and Specific Health Issues**

*Demonstrate competence in working with population subgroups and those who have specific health issues.*

**Required Skill Set:**

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

1. Provide culturally competent counseling.
2. Describe specific treatment indications for special population groups (i.e., pregnant women, adolescents, young adults, elderly, hospitalized patients, those with co-morbid psychiatric conditions).

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

1. Demonstrate an ability to respond to high-risk client situations.

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

1. Make effective treatment recommendations for non-cigarette tobacco users.
2. Describe recommendations for those exposed to environmental tobacco smoke pollution.

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

**Core Competency 8: Documentation and Evaluation**

*Describe and use methods for tracking individual progress, record keeping, program documentation, outcome measurement, and reporting.*

**Required Skill Set:**

1. Maintain accurate records utilizing accepted coding practices that are appropriate to the setting in which services are provided.

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

1. Implement a protocol for tracking client follow-up and progress.

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

1. Describe standardized methods of measuring recognized outcomes of tobacco dependence treatment for individuals and programs.

**Core Competency 9: Professional Resources**

*Utilize resources available for client support and for professional education or consultation.*

**Required Skill Set:**

1. Describe resources (web-based, community, quitlines) available for continued support for tobacco abstinence for clients.

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

1. Identify community resources for referral for medical, psychiatric, or psychosocial problems.

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

1. Name and use peer-reviewed journals, professional societies, websites, and newsletters related to tobacco dependence treatment and/or research.

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

1. Describe how patients can explore reimbursement for treatments.

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

**Core Competency 10: Law and Ethics**

*Consistently use a code of ethics and adhere to government regulations specific to the health care or worksite setting.*

**Required Skill Set:**

1. Describe and use a code of ethics established by your professional discipline for tobacco dependence treatment specialists, if available.

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

1. Describe the implications and utilize the regulations that apply to the tobacco treatment setting (confidentiality, HIPAA, worksite-specific regulations).

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

**Core Competency 11: Professional Development**

*Assume responsibility for continued professional development and contributing to the development of others.*

**Required Skill Set:**

1. Maintain professional standards as required by professional license or certification.

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

1. Utilize the literature and other formal sources of inquiry to remain current in tobacco dependence treatment.

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

**Skill sets that are encouraged but not required:**

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

1. Describe the implications of current research to the practice of tobacco dependence treatment.

|  |  |
| --- | --- |
| **Documentation reference** | **Provide Documentation reference at left or explanation below.** |
|  |  |

1. Disseminate knowledge and findings about tobacco treatment with others through formal and informal channel.

**Five-Year Program Goal**

1. **Describe at least one five-year goal for your program. Goals should be specific, measurable, attainable, realistic, timely, and relate to the challenges and opportunities encountered by the program. A goal is likely to include activities that the leadership would like the program to do differently.**

**Potential five-year goal focus areas can be, but are not limited to:**

* + The number of individuals trained annually
  + The development of curricular innovations
  + The development of different training modalities or delivery systems
  + The development of new outreach opportunities
  + Technological enhancements
  + Attracting new training audiences
  + Other relevant changes that will enhance the program.

**Sample goals:**

* We will increase the number of individuals trained annually by 3% per year.
* We will produce three continuing education webinars annually.
* We will deliver three components of our training online by [date].

1. **Describe your rationale for the goal.**

Describe the reasons for choosing the selected program goals.

1. **Assessing and documenting the goal.**

Explain the steps you plan to take to assess progress on the selected goal(s). If there will be an effect on the program trainees, how will you evaluate this effect?

1. **Objectives are steps needed to achieve the selected goal(s). Similar to goals, objectives are specific, concrete, measurable, and have a definitive timeframe. Describe the objectives needed for the program to meet the selected five-year goal(s). Use the format below for each objective that you have.**

**Goal:**

**Objective One:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Activities** | **Timeline** | **Collaboration** | **Date Completed** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Objective Two:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Activities** | **Timeline** | **Collaboration** | **Date Completed** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |