Council for Tobacco Treatment Training Programs

TTS Training Program Annual Report

Annual Report Instructions

- Complete the Program Information and Summary of Growth question sections.
  - Enter text into the shaded boxes. The boxes will expand to accommodate all the text you would like to include.
  - Shaded boxes marked "For reviewers only" are for CTTTP councilor reviewers.
- Submit all materials electronically as a PDF portfolio by the deadline.
- Submit documents via the CTTTP website at TTS Program Annual Report Submission Page
- Annual accreditation fee invoices will be sent by email.
- Please contact the CTTTP at info@ctttp.org with any questions about this form.

Program Information

Report Submission Date	
Program name	
Name of sponsoring organization(s)	
Program mailing address	
Program email address	
Program telephone number	
Program website	
Contact person, including title	
Contact email address	
This annual report covers the following date range (ex: MM/YY-MM/YY)	

Program Accreditation Year (please select one):

☐ Year 1	☐ Year 2	☐ Year 3	☐ Year 4	Year 5: Reaccreditation–**Please use reaccreditation form**

Summary of Program Growth

1. **How many people completed the Tobacco Treatment Specialist training in the previous calendar year? (The calendar year is the January-December natural year. This helps the reviewers understand how active the program has been.)**

Program response:

For reviewers only				
0	**1**	**2**	**3**	**4**
Information not provided.	☐ The summary is unclear and lacks necessary information	☐ Provides a basic summary without enough information	☐ Provides a clear and concise summary	☐ Provides a very thorough, clear, and concise summary

Summarize changes to the program's purpose, structure, activities, mission, and/or goals. If no changes have been made, please state, "No changes have been made in your program response for this item below."

Program response:

For reviewers only				
N/A	**1**	**2**	**3**	**4**
No changes have been made.	☐ The summary is unclear and lacks necessary information	☐ Provides a basic summary without enough information	☐ Provides a clear and concise summary	☐ Provides a very thorough, clear, and concise summary

2. **Summarize changes to key staff members overseeing the program, faculty, and roles of current staff members and/or faculty. If no changes have been made, please state, "No changes have been made in your program response for this item below." *Include a CV or a resume for any new faculty members.**

Program response:

For reviewers only				
N/A	**1**	**2**	**3**	**4**
No changes have been made.	☐ The summary is unclear and lacks necessary information	☐ Provides a basic summary without enough information	☐ Provides a clear and concise summary	☐ Provides a very thorough, clear, and concise summary

3. **Summarize changes in the curriculum. If no changes have been made, please state, "No changes have been made in your program response for this item below."**

Program response:

For reviewers only				
N/A	**1**	**2**	**3**	**4**
No changes have been made.	☐ The summary is unclear and lacks necessary information	☐ Provides a basic summary without enough information	☐ Provides a clear and concise summary	☐ Provides a very thorough, clear, and concise summary

4. **Summarize changes to the grievance procedure, refund, and cancellation policies. If no changes have been made, please state, "No changes have been made in your program response for this item below."**

Program response:

For reviewers only				
N/A	**1**	**2**	**3**	**4**
No changes have been made.	☐ The summary is unclear and lacks necessary information	☐ Provides a basic summary without enough information	☐ Provides a clear and concise summary	☐ Provides a very thorough, clear, and concise summary

Summarize changes to the program's capability to provide services, including any changes in the population the program serves. If no changes have been made, please state, "No changes have been made in your program response for this item below."

Program response:

For reviewers only				
N/A	**1**	**2**	**3**	**4**
No changes have been made.	☐ The summary is unclear and lacks necessary information	☐ Provides a basic summary without enough information	☐ Provides a clear and concise summary	☐ Provides a very thorough, clear, and concise summary

5. **Summarize all changes that have been made to the program's marketing. If no changes have been made, please state, "No changes have been made in your program response for this item below."**

Program response:

For reviewers only				
N/A	**1**	**2**	**3**	**4**
No changes have been made.	☐ The summary is unclear and lacks necessary information	☐ Provides a basic summary without enough information	☐ Provides a clear and concise summary	☐ Provides a very thorough, clear, and concise summary

Summarize changes to the program assessment and evaluation. These include changes made to how you assess trainee learning and how you evaluate the program as a whole. If no changes have been made, please state, "No changes have been made in your program response for this item below."

Program response:

For reviewers only				
N/A	**1**	**2**	**3**	**4**
No changes have been made.	☐ The summary is unclear and lacks necessary information	☐ Provides a basic summary without enough information	☐ Provides a clear and concise summary	☐ Provides a very thorough, clear, and concise summary

Please use the table below to summarize the scores provided by trainees in the previous calendar year for each of the TTS Training Evaluation Items. The calendar year is the January-December natural year.

All items scored on a scale of 0 to 10, where 0 = not at all and 10 = the most possible.	**How many completed this item?**	**What was the average score?**	**What was the lowest score?**	**What was the highest score?**
Tobacco-related knowledge. *Provide clear and accurate information about tobacco use, strategies for quitting, the scope of the health impact on the population, and the causes and consequences of tobacco use*				
Counseling skills. *Demonstrate effective application of counseling theories and strategies to establish a collaborative relationship that facilitates involvement in treatment and commitment to change*				
Assessment. *Conduct initial and ongoing assessment to obtain comprehensive data needed to optimize treatment planning*				
Treatment planning. *Demonstrate the ability to develop an individualized treatment plan using evidence-based treatment strategies*				
Pharmacotherapy. *Provide clear and accurate information about available pharmacotherapy options and their therapeutic use*				
Relapse prevention. *Offer methods to manage relapse and provide ongoing support*				
Inclusive excellence. *Demonstrate competence working with different populations*				
Documentation and evaluation. *Describe and use methods for tracking individual progress, record keeping, program documentation, outcome measurement, and reporting*				

Professional development and resources. *Assume responsibility for continued professional development and contribute to the professional development of others*				
Law and ethics. *Consistent use of a code of ethics and adherence to government regulations specific to the health care or work site setting*				

Please list any changes that you made or are making to the program to address positive or negative trainee feedback.

For reviewers only				
0	**1**	**2**	**3**	**4**
The summary of evaluations is unacceptable	☐ The summary is unclear and lacks necessary information	☐ Provides a basic summary without enough information	☐ Provides a clear and concise summary	☐ Provides a very thorough, clear, and concise summary