



Tobacco Treatment Specialist Certification

Nicotine Education Program

Colonial Building 3-10
200 First Street SW
Rochester, MN 55905

Service Hours Application

Select one of the following:

- Initial Application (select this option prior to taking the course)
- Update Application (select this option after taking the course)

Service Hours is the time focused on providing Tobacco Dependence Treatment as part of direct patient and client care.

Instructions: Use one sheet for each position of employment.

Note you no longer need to track service hours once your minimum service hours requirement for certification is met.

Applicant Name <i>(First, Middle, Last)</i>			
Address			
City	State	ZIP Code	Country
Course Date <i>(Month DD, YYYY)</i>	Email		
Employer Name			
Employer Address			
City	State	ZIP Code	Country
Immediate Supervisor and/or Program Director			
Applicant Job Title	Employment Date From <i>(Month/Year)</i>	Employment Date To <i>(Month/Year)</i>	

- In the box below, briefly describe your work experience in providing tobacco cessation counseling to patients. ****These hours must reflect time spent with patients providing one-on-one or group treatment for tobacco dependence.** If you provide group treatment, just claim the time spent with the group. Do not multiply the hours by the number of individuals attending the group.
- Examples of activities that **do not** count toward Service Hours (even if tobacco-related) include: (Staffing booths at health fairs, class prep time, responding to program inquiries, teaching other health care professionals, keeping records, any activity that is not direct patient treatment).

Brief description of direct patient care experience. Do not include other experience that does not reflect direct patient care (see criteria above). This field must be completed unless you indicate zero hours.

Total number of hours of eligible experience (direct patient care providing tobacco cessation)

**Total Hours Claimed _____

Applicant Signature	Date <i>(Month DD, YYYY)</i>	
Immediate Supervisor Signature	Title	Date <i>(Month DD, YYYY)</i>

Office Use Only

Reviewer	Date <i>(Month DD, YYYY)</i>
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