

**Tobacco Treatment Specialist Mentoring Program
Application**

All candidates requesting to participate in the mentoring program must complete an application. Due to the intensity of interventions that are delivered at the Treatment Center, and in order to have a valuable and appropriate experience, minimum professional training and clinical experience are required. Each application will be reviewed on a case by case basis considering individual training needs to ensure a good fit for each candidate. The Treatment Center staff will work with candidates when possible to identify training opportunities and to help tailor the training experience.

Minimum criteria:

1. Attendance at both the Basic and the Intensive Tobacco Treatment Trainings offered by PTM (or out-of-state equivalent).
2. Completion of a 4 year degree in a health or mental health related field or a two year degree in Nursing or Respiratory Therapy.
3. Licensed in a clinical field
4. Have at least 1 year of experience in a clinical setting.

Instructions: Please complete all items and return completed application to
The Tobacco Treatment Center at the address on the bottom.

Name: _____

Title: _____

Mailing Address: _____

Primary Phone : _____ Secondary Phone : _____

Email: _____

Organizational Affiliation: _____ none

Clinical training (e.g. MSW, MD/DO, RN...): _____

Type of license (e.g. MD, RN, LCPC...): _____

Number of years in clinical practice after graduation: _____



Healthy Maine Partnerships

Maine Center for Disease Control and Prevention

Please list the date you attended a PTM "Tobacco Intervention: Basic Skills Training". Date: _____

Please list the date (s) you attended one of more of the PTM/CTI Intensive Tobacco Treatment Training. Date: _____

Have you completed any other tobacco treatment courses?

No

Yes.....Please specify: _____

Have you been certified as a Tobacco Treatment Specialist in Maine by the American Lung Association of New England's Tobacco Treatment Specialist Certification Commission?

No

Yes Please give date of certification: _____

Have you been certified as a Tobacco Treatment Specialist by any other organization?

No

Yes Please list organization and date of certification:

Please list your current work site and your role: _____

Please estimate the number of individuals for whom you have provided tobacco treatment:

0-10

11 – 50

51-100

> 100

What would you like to take away from the mentoring experience? _____

Is there any specific skill or area you are looking to improve or develop? _____
