



## TRAINING ANNOUNCEMENT

### *Integrating Tobacco Use Interventions into Chemical Dependence Services*

---

**TRAINING TITLE:**       **MODULE 1 — The Foundation: Integrating Tobacco Use Interventions Into Chemical Dependence Services**

**COURSE DESCRIPTION:** This workshop provides a common core of knowledge on tobacco use and tobacco dependence. The workshop will help participants explore their attitudes and beliefs about tobacco use, discuss the history and rationale of addressing tobacco dependence in addiction services, similarities and differences between tobacco and other substance dependence, and review the requirements of OASAS Regulation Part 856.

This training is free due to grant funding from the NYS DOH Tobacco Control Program. See registration form for additional information.

**TARGET POPULATION:** Administrators, directors, clinical supervisors, counselors, prevention professionals, nurses, physicians, support staff and CASAC's, CASAC-T's and CASAC students.

**OASAS CREDIT:**       3.5 hours CASAC, CPP and CPS. **Must** be in attendance for full 3.5 hours.

**DATES:**                Please see Registration Form for dates and times

**COURSE PREREQUISITES:**   None

**PRE-REGISTRATION:**   Yes. Applications available at [www.opiny.org](http://www.opiny.org)

**REGISTRATION DEADLINE:**   Two weeks prior to each training date

**TRAINING LOCATION:**   **OUTREACH TRAINING INSTITUTE, 117-11 MYRTLE AVENUE, RICHMOND HILL, NY 11418**  
**OUTREACH TRAINING INSTITUTE, 400 CROOKED HILL ROAD, BRENTWOOD, NY 11717**

**DIRECTIONS:**           Directions to OTI Training facilities available online at [www.opiny.org](http://www.opiny.org)  
For additional information contact Joan Lohnes at 718-847-9233 Ext. 117



# TRAINING REGISTRATION FORM

PLEASE INCLUDE ALL INFORMATION REQUESTED

Submit to Joan Lohnes, Training Coordinator by email [joanlohnesh@opiny.org](mailto:joanlohnesh@opiny.org) or fax 718-849-9673 Upon receipt, you will receive a letter confirming your registration to the training

## MODULE 1

### THE FOUNDATION: INTEGRATING TOBACCO USE INTERVENTIONS INTO CHEMICAL DEPENDENCE SERVICES

Name \_\_\_\_\_

Position / Job Title \_\_\_\_\_

Agency \_\_\_\_\_

Program \_\_\_\_\_

Program Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Modality (Check all that apply): Detox \_\_\_\_\_ Inpatient \_\_\_\_\_ Outpatient \_\_\_\_\_

Other (describe) \_\_\_\_\_ MMTP \_\_\_\_\_ Residential \_\_\_\_\_

OASAS Licensed Agency? (Check only one) YES \_\_\_\_\_ NO \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Preferred Email Address \_\_\_\_\_

What is the best way to reach you?

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

## FINAL OFFERINGS - COURSE SELECTION

Place a check mark (✓) beside the date and time of the training that you would like to attend. *Select only one.*

LOCATION	DATE	COURSE TIME	CHECK ONE
Richmond Hill	September 14	9:00 am – 12:30 pm	
	September 14	1:30 pm – 5:00 pm	
Brentwood	September 22	<del>9:30 am – 1:00 pm</del>	<b>CANCELLED</b>
	September 22	1:30 pm – 5:00 pm	

**\*\*\* NO SESSIONS WILL BE HELD AT OTI IN AUGUST \*\*\***

This training is funded through an agreement between the Research Foundation of SUNY, on behalf of the Professional Development Program, Rockefeller College, University at Albany and the New York State Department of Health, Tobacco Control Program