



TRAINING ANNOUNCEMENT

Integrating Tobacco Use Interventions into Chemical Dependence Services

TRAINING TITLE: **MODULE 4 — Treatment Planning: Integrating Tobacco Use Interventions into Chemical Dependence Services**

COURSE DESCRIPTION: This half-day workshop is designed for counselors, clinical supervisors, nurses, physicians and other clinical staff who provide counseling or therapy services. The workshop will review the knowledge and skills clinicians need to provide effective tobacco dependence treatment. Participants will learn the comprehensive components of a treatment plan that integrates use interventions; and using a case study, participants will practice writing a treatment plan that incorporates their newly acquired knowledge.

The 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

PRE-REGISTRATION: Yes. Applications available at 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
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 or fax 718-849-9673 Upon receipt, you will receive a letter confirming your registration to the training

MODULE 4 TREATMENT PLANNING: 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 _____

Best way to reach you? Work _____ Home _____ 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.*

NOTE: MUST ATTEND FULL 3.5 CLASS HOURS – LATECOMERS WILL NOT BE ADMITTED

LOCATION	DATE	COURSE TIME	CHECK ONE
Richmond Hill	October 5	9:00 am – 12:30 pm	
	October 5	1:30 pm – 5:00 pm	
Brentwood	September 22	9:30 am – 1:00 pm	
	October 27	10:00 am – 1:30 pm	
	November 10	10:00 am – 1:30 pm	
	November 10	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