



REGISTRATION FORM

FREEDOM FROM SMOKING FACILITATOR TRAINING

- CHOOSE ONE:** **Wednesday, May 8, 2013 - Charleston 9:00 am-5:00pm**
 Wednesday, May 29, 2013 - Buckhannon 9:00 am-5:00pm

Name _____

Agency Name _____

Position/Title _____

Work Address _____

Work Phone _____ Fax _____ Email _____

Work County/Counties _____

Responsibilities _____

Degrees/Certificates _____

Have you ever smoked? YES ___ NO ___ If yes, how many years? _____

When did you quit? _____

Have you lost a close friend or relative to tobacco addiction? YES ___ NO ___

List prior experience in facilitating health education, smoking cessation or drug recovery programs

Have you facilitated a smoking cessation or drug recovery program before? _____

If yes, please describe _____

Describe any challenges you faced as a facilitator _____

Please send forms to: **American Lung Association in WV**, Attention: Chantal Fields
FFS Training – 2102 Kanawha Blvd E, Charleston, WV 25311, OR fax to: (888) 623-5757