



FACILITATOR TRAINING APPLICATION

Registration is required to attend. A separate registration form must be used for each person. SPACE IS LIMITED. REGISTRATION DEADLINE IS 7 DAYS PRIOR TO TRAINING DATE. Training will take place as scheduled only if a minimum of 10 people are registered. A training confirmation will be emailed one week prior to the training. Please call your local Lung Association office if you do not receive a confirmation or if you have questions.

ABOUT FREEDOM FROM SMOKING

By helping smokers develop plan of action leading to quit day and providing the support they need to remain smoke-free, the program maximizes chances of success. Using a scientific behavior-based methodology, the Freedom From Smoking program is based on the latest addiction and behavior change models, and the program addresses the difficulties of quitting.

Eight sessions are delivered in a small group setting over a 7-week period to give participants personalized attention and the support of their peers. **This program is intended and based on research for a group setting, NOT for individual counseling, and has not been proven effective for short, individual interventions. Those who attend the training should intend to use the program for small groups.** Lectures, group discussion and skills practice focusing on a variety of evidence-based cessation practices meet the needs of different learning styles.

REGISTRATION FEE

Fee includes: one day training, comprehensive facilitator manual, and sample participant packet, certificate of course completion, lunch, and other American Lung Association resource materials.

Freedom from Smoking Facilitator Training Workshop 1 day workshop	\$250.00
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CANCELLATION POLICY

When you cancel registration for this training 7 days or more before the training date, you will receive a full refund. No refunds are granted less than 2 days before the training date.

The American Lung Association of the Upper Midwest (ALAUM) reserves the right to cancel or postpone any training should minimum number of registrants not be met or due to unforeseen circumstances. In the unlikely event that ALAUM must cancel or postpone this training, we will fully refund the registration fee, but are not responsible for any related costs, charges or expenses to participants, including fees assessed by airline, travel or lodging agencies.

Please keep this page for reference. Form 1 and 2 must be submitted for registration.

Freedom From Smoking Training Dates and Locations
All trainings run at Lung Association office from 8:30a.m. to 4:30p.m.

Greater Chicago – Attn: FFS, 55 West Wacker Drive, Ste 800 Chicago, IL 60601; fax 312-781-9250; ffs@lungil.org

May 19, 2011; Chicago
July 12, 2011; Chicago
November 9, 2011; Chicago
February 2, 2012; Chicago

Central Illinois– Attn: FFS, 3000 Kelly Lane Springfield, IL 62711; fax 217-787-5916; ffs@lungil.org
Sept 27, 2011; Springfield
April 18, 2012; Springfield

Indiana – Attn: FFS, 115 West Washington Street, Ste 1180-S Indianapolis, IN 46204; fax 317-819-1187; ffs@lungin.org
September 27, 2011; Indianapolis
November 4, 2011; Indianapolis
March 7, 2012; Indianapolis
June 19, 2012; Indianapolis

Iowa– Attn: FFS, 2530 73rd Street Des Moines, IA 50322; fax 515-334-9564; ffs@lungia.org
September 15, 2011; Iowa City
November 15, 2011; Sioux City
March 15, 2012; Des Moines
April 10, 2012; Cedar Rapids

Minnesota – Attn: FFS, 490 Concordia Avenue St. Paul, MN 55103; 651-227-5459; ffs@lungmn.org
Please contact for training dates.

Northern Minnesota– Attn: FFS, 424 W. Superior Street, Ste 202 Duluth, MN 55802; fax 651-227-5459; ffs@lungmn.org
Please contact for training dates.

North Dakota – Attn: FFS, 212 North Second Street Bismarck, ND 58501; fax 701-223-5727; ffs@lungnd.org
Please contact for training dates.

South Dakota – Attn: FFS, 108 East 38th Street, Ste 600 Sioux Falls, SD 57105; fax 605-336-7227; ffs@lungsd.org
Please contact for training dates.

Wisconsin – Attn: FFS, 13100 West Lisbon Road, Ste 700 Brookfield, WI 53005; fax 262-781-5180; ffs@lungwi.org
August 31, 2011; Brookfield
January 25, 2012; Brookfield
March 21, 2012; Brookfield

Please keep page 1 and 2 for reference. Forms 1 and 2 must be submitted for registration.

FFS Facilitator Training Form 1

PLEASE PRINT OR TYPE

First name:		Last name:	
Credentials:		Title:	
Organization:			
Business phone		Business fax	
Email address:			
Preferred Mailing Address	Street:		<input type="checkbox"/> Business <input type="checkbox"/> Home
	City:	State:	ZIP
In case of inclement weather, include your home and/or cell phone:			
Home Phone:		Cell phone:	
Indicate FFS program implementation plans:			
<input type="checkbox"/> Community-Based <input type="checkbox"/> Individual Corporation <input type="checkbox"/> Multiple Companies			
<input type="checkbox"/> Other (please explain) _____			
<input type="checkbox"/> I am interested in providing worksite programs as a representative for the American Lung Association of the Upper Midwest.			
Provide a detailed description of how FFS will be used:			
Have you ever taken this training before?		If YES, when and where?	
<input type="checkbox"/> NO <input type="checkbox"/> YES			
Where did you learn about the Lung Association's Freedom From Smoking Program?			
What qualifications do you have to be an FFS facilitator (leadership experience, group facilitation, former smoker, healthcare professional)?			

FFS Facilitator Training Form 2

I have been tobacco-free for > 12 months <input type="checkbox"/> YES <input type="checkbox"/> NO	
In addition to English, I speak another language. <input type="checkbox"/> YES <input type="checkbox"/> NO	Indicate language(s)
I would be interested in teaching in my second language(s). <input type="checkbox"/> YES <input type="checkbox"/> NO	I would like the facilitator materials in <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH
I wish to attend this training date (pg 2):	I wish to attend the training in this location (pg 2):

SELECT PAYMENT METHOD

<input type="checkbox"/> CHECK ENCLOSED Make checks payable to the American Lung Association in Illinois	Amount \$
<input type="checkbox"/> CHARGE TO CREDIT CARD	Amount \$
<input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA	
Account # _____	Security code _____
Expiration Date	
Name (as it appears on card)	
Signature	

DEMOGRAPHIC INFORMATION **Submission is voluntary.**

This data is for analysis of the diversity of American Lung Association of the Upper Midwest facilitators and volunteers, and will not impact your ability to become a facilitator.

What is your gender?	<input type="checkbox"/> Female <input type="checkbox"/> Male
What is your race/ethnic group? (check all that apply)	
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian American or Asian <input type="checkbox"/> American Indian or Alaska Native	
<input type="checkbox"/> White (not Hispanic or Latino) <input type="checkbox"/> Black or African American	
<input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> Other (please specify):	
<input type="checkbox"/> I do not wish to self-identify	