

# TEACH REGISTRATION FORM

Fax to 403-355-3292

The information collected here will only be used for registration purposes and data collection on the types of health professionals taking the TEACH course. All data will be aggregated and anonymous.



## Registrant Information (Please Print)

### 1. Please fill out the following contact information:

Name: \_\_\_\_\_ Organization: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_  
Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

### 2. Do you work for Alberta Health Services (AHS)? Y N

### 3. Are you a member of, or do you work for, a Primary Care Network? Y N

### 4. Please indicate the number of years practicing in your current field: \_\_\_\_\_

Please indicate the number of years providing tobacco cessation to clients: \_\_\_\_\_

### 5. What percent of your work time is spent in direct clinical contact with patients/clients?

N/A  0 - 25%  26 - 50%  51 - 75%  76 - 100%

Average number of patients per day: \_\_\_\_\_

### 6. To what discipline do you belong?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> General practitioner or Family physician  | <input type="checkbox"/> Chiropractor                         | <input type="checkbox"/> Pharmacist                    |
| <input type="checkbox"/> Dietitian or Nutritionist                 | <input type="checkbox"/> Midwife                              | <input type="checkbox"/> Dentist                       |
| <input type="checkbox"/> Practitioner of Natural Healing           | <input type="checkbox"/> Licensed Practical Nurse             | <input type="checkbox"/> Physiotherapist               |
| <input type="checkbox"/> Respiratory Therapists or Asthma Educator | <input type="checkbox"/> Dental Hygienist or Dental Assistant | <input type="checkbox"/> Registered Nurse              |
| <input type="checkbox"/> Specialist physician                      | <input type="checkbox"/> Occupational Therapists              | <input type="checkbox"/> Addictions Counselor          |
| <input type="checkbox"/> Social Worker                             | <input type="checkbox"/> Psychologist                         | <input type="checkbox"/> Other (please specify): _____ |

### 7. Which special populations do you currently work with? (check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Pregnant Clients  | <input type="checkbox"/> Differently Able                           | <input type="checkbox"/> Aboriginal                        |
| <input type="checkbox"/> LGBTTTIQ (Lesbian, Gay, Bisexual, Transgender, Transsexual, Two-Sprited, Intersex, Queer communities) | <input type="checkbox"/> Youth & Young Adults                       | <input type="checkbox"/> Culture Specific, identify: _____ |
| <input type="checkbox"/> Low Income  | <input type="checkbox"/> Concurrent disorders (MH and/or addiction) | <input type="checkbox"/> Others, please identify: _____    |
|  | <input type="checkbox"/> Older adults                               |  |

### 8. Where did you hear about the TEACH project in Alberta?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Flyer                            | <input type="checkbox"/> Listserve, or Bulletin Board on Internet | <input type="checkbox"/> Colleague                     |
| <input type="checkbox"/> Direct contact with AHS employee | <input type="checkbox"/> Web-posting                              | <input type="checkbox"/> Other, please identify: _____ |

## Previous Tobacco Cessation Experience

### 9. Do you currently offer intensive tobacco cessation counselling (defined as longer than 10 minute sessions) to clients in your agency/program? (Check all that apply)

- Yes, group sessions
- Yes, intensive individual sessions (longer than 10 minute sessions)
- No, but I plan to offer intensive individual sessions after receiving TEACH training
- No, but I plan to begin offering a cessation group after receiving TEACH training
- No cessation interventions offered at present, and I have no plans to offer intensive individual or group cessation interventions
- No, but I offer brief tobacco interventions (less than 10 minute sessions)
- No, but I plan to begin offering brief tobacco interventions (less than 10 minute sessions)
- No, but I do use fax referral
- Other, please specify: \_\_\_\_\_

## Registration Information

### 10. Have you completed Tobacco and Public Health: From Theory to Practice, an OTRU online course? Y N

Please note: Completion of this online course is a prerequisite prior to attending the 3-day Core Course. You must bring all three printouts for each completed section of the online course with you on your first day of TEACH.

### 11. Please indicate if you have received the following smoking cessation training:

- |  |                                  |
|--|----------------------------------|
| <input type="checkbox"/> TEACH 3-day Core Course in Ontario**            | Date: _____                      |
| <input type="checkbox"/> TEACH 3-day Core Course in Alberta**            | Date: _____                      |
| <input type="checkbox"/> TEACH 1-day Physicians Core Course in Alberta** | Date: _____                      |
| <input type="checkbox"/> TEACH Specialist Course(s)**                    | Course Title(s) and Dates: _____ |
| <input type="checkbox"/> Mayo Clinic Course                              | Course Title(s) and Dates: _____ |
| <input type="checkbox"/> Other   | Course Title(s) and Dates: _____ |

\*\*If you have completed any of the TEACH courses mentioned above, please go to question #13.

### 12. Please indicate registration preference for the following Core Courses:

- |  |   |
|--|---|
| <input type="checkbox"/> <b>3-day Core Course:</b>           | <input type="checkbox"/> <b>1-day Physicians Core Course:</b> |
| <input type="checkbox"/> Calgary (January 19 - 21, 2009)     | <input type="checkbox"/> Calgary (January 21, 2009)           |
| <input type="checkbox"/> Red Deer (February 9 - 11, 2009)    | <input type="checkbox"/> Red Deer (February 11, 2009)         |
| <input type="checkbox"/> Lethbridge (February 25 - 27, 2009) | <input type="checkbox"/> Lethbridge (February 27, 2009)       |
| <input type="checkbox"/> Edmonton (March 23 - 25, 2009)      | <input type="checkbox"/> Edmonton (March 25, 2009)            |
| <input type="checkbox"/> Fort McMurray (April 13 - 15, 2009) | <input type="checkbox"/> Fort McMurray (April 15, 2009)       |

### 13. Please indicate registration preference for the following TEACH Specialty Training Courses:

- Helping Pregnant Smokers Stop Smoking: An Interactive Case Based Course (Calgary, January 22 - 23, 2009)
- Tobacco Interventions for Patients with Mental Health and/or Addictive Disorders (Edmonton, March 26 - 27, 2009)

Please Note: The 3-day Core Course, or 1-day Physicians Core Course, is a prerequisite for the Specialty Training Courses.