



LOUISIANA'S TOBACCO CESSATION PROGRAM
Health Care Provider Outreach Program
REQUEST FORM

The Louisiana Department of Health and Hospitals' Tobacco Control Program is dedicated to providing trainings and technical assistance to those professionals working to decrease the burden of tobacco through tobacco cessation services. Following evidence-based best practices for treating tobacco use and dependence, the Louisiana Tobacco Control Program is pleased to offer the following resources:

Louisiana Cessation Program Presentation

Provides an overview of the burden of tobacco on Louisiana residents, highlights Best Practices for cessation intervention, and presents the latest cessation activities and services in Louisiana.

Fax-To-Quit Louisiana Program Training for Health Care Providers

Provides training to health care providers and staff on how to implement the Fax-To-Quit Louisiana Program into their health care setting. Training materials, including the Fax-To-Quit Louisiana Manual and Guide will be provided with this training.

***Online Training is also available at www.QuitWithUsLa.org

Fax-To-Quit Louisiana Program Materials

Available for health care providers and their facilities after they have been trained by the Tobacco Control Program or a Fax-To-Quit Outreach Specialist. Program materials include the Fax-To-Quit Louisiana Manual, Fax-To-Quit Louisiana Guide, 100 Patient Quit Cards and 100 Medicaid and Cessation Brochures.

Fax-To-Quit Louisiana Technical Assistance (for trained health care providers)

Provides trained health care providers and staff with an opportunity to ask questions, receive updates on the Louisiana Tobacco Quitline, provide feedback on program, and request additional program materials.

Please check your choice:

- A. Louisiana's Cessation Services Presentation
- B. Fax-To-Quit Louisiana Program Training for Health Care Providers
- C. Fax-To-Quit Louisiana Training Materials (for trained health care providers)
- D. Fax-To-Quit Louisiana Program Technical Assistance (for trained health care providers)

Requested by:			Provider Type:
Organization:			<input type="checkbox"/> Family Practitioner <input type="checkbox"/> Pediatrician <input type="checkbox"/> School Based Health Care Center <input type="checkbox"/> Mental Health Professional <input type="checkbox"/> Nurse Family Practitioner <input type="checkbox"/> SBIRT <input type="checkbox"/> Oncologist <input type="checkbox"/> Other: _____
Referred by:			
Email Address:		Phone #:	()
Mailing Address:			
City:		State:	Zip:

PLEASE FAX TO: **225-342-2652** ATTENTION: *LTCP Cessation Program*
 (OR) EMAIL TO: tletters@dhh.la.gov

NOTE: One Regional Training will be held in your area. See schedule at www.LaTobaccoControl.com