



**Florida Department of Health
Application for Smoking or Vaping Cessation Programs
Bureau of Tobacco Free Florida
4052 Bald Cypress Way
Tallahassee, FL 32399
800-337-3742**

Cessation Program Name: _____

Address: _____

City: _____ ZIP Code: _____

Contact Name: _____

Telephone Number: _____

Email Address (optional): _____

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not include it on this form.

A state approved cessation program must operate under a written program or service outline.

I. Counseling Sessions

The program must provide a minimum of five (5) sessions. The sessions may be conducted with individuals or groups. These sessions must include the following topics:

- a) Reasons for quitting,
- b) Techniques for quitting and remaining a non-smoker or non-vaper,
- c) Tips on how to overcome the urge of tobacco use or vaping,
- d) Withdrawal symptoms,
- e) Short & long-term goals,
- f) Selecting a quit date,
- g) Relapse prevention information,
- h) Information on nicotine replacement therapy (NRT) for those that medically qualify, and
- i) Referrals to the Florida Quitline for additional help if needed.

II. Cessation Counselors

The program must employ cessation counselors who have been certified through a smoking or vaping cessation counselor training program, or who are licensed in the state of Florida as a medical doctor, doctor of osteopathic medicine, psychologist, mental health counselor, clinical social worker or nurse.

III. Cessation Material

The program must provide cessation materials to all clients.

IV. Compliance with the Florida Clean Indoor Air Act

- a) If smoking or vaping is permitted in any area, the area must be designated as such and comply with the requirements under section 386.206(3), F.S.
- b) Such designated areas must exhaust tobacco smoke or vapor directly to the outside and away from air intake ducts, and be maintained under negative pressure with respect to surrounding spaces to contain tobacco smoke or vapor within the designated area. An inspection is required by Department of Health personnel.

Please provide a brief explanation on the following topics:

V. Program Overview: _____

VI. Program Objectives: _____

VII. Key Topics of the Program: _____

VIII. General Counseling Strategies: _____

IX. Process of Evaluation: _____

Applicant (Print Name)

Applicant (Signature)

(Date)