



American Lung Association Freedom from Smoking® 2022 Facilitator Acknowledgement of Agreements Form

FFS Facilitator Agreements/Addendums

1. Facilitator Agreement Form
2. Virtual Training Implementation Addendum Agreement Form
3. Digital Material Access Addendum Agreement Form

Purpose of this Agreement Form

The purpose of the Facilitator Acknowledgement of Agreements Form is confirmation of the Freedom From Smoking® Facilitators understanding and promise in upholding the high standards of the cessation program as further laid out through the Facilitator Agreement Form, Virtual Training Implementation Addendum Agreement Form and the Digital Materials Access Addendum Agreement Form.

Duration of Agreements/Addendums

This Acknowledgement of Agreements Form will be in effect for three (3) years from the date it is signed by the newly trained or recertified FFS Facilitator.

Certification Period

Training date _____ to _____ (expires)

American Lung Association FFS Trainer	Newly Certified FFS Facilitator
Contact Name: <u>Eva Book</u>	Name: _____
Title: <u>National Manager, Tobacco Programs</u>	Title: _____
Organization: <u>American Lung Association</u>	Organization: _____
Address: <u>55 W Wacker Dr.</u>	Address: _____
<u>Chicago, IL 60610</u>	Phone: _____
Phone: <u>312-445-2508</u>	Email: _____
Email: <u>Eva.Book@Lung.org</u>	Signature: <u>Pam Miles</u>
Signature: <u>Eva N Book</u>	Date: _____
Date: <u>September 1, 2022</u>	