

Cessation Identification and Treatment Protocol

Instructions: If your application proposes the provision of direct cessation services within any health or behavioral health care clinic, hospital, long term care facility, residential treatment facility, etc., complete this form for each tobacco treatment cessation site. As indicated below, describe the location and site; how tobacco use is identified, treated, and tracked and how the services are currently promoted to patients/clients. Upload this form into the Additional Documents section of OTIS. If more than one form is completed, please save and upload multiple forms as a single PDF document.

Required Information	Enter Information in this Column
Applicant Name:	
Cessation Indicator:	
Identify the targeted sites, treatment centers, or hospitals that the Applicant will be working with. Include name and address:	
For each site, provide a description of the current tobacco use policy:	
For each site explain how tobacco users are currently identified and their tobacco use tracked:	
For each health care system, explain what cessation pharmacotherapy benefit is provided:	
For each health care system, explain what type of cessation counseling is provided:	
For each health care system, explain how cessation is currently promoted to patients or clients:	