



Instructions for Completion of the PA Department of Health

Pre-Approved Tobacco Cessation Registry Application

- Contact Person:* Enter the name of the person to be contacted by individuals seeking cessation counseling services.
- Title:* Enter the title of the individual identified as the contact person.
- Phone:* Enter the phone number of the contact person.
- Fax:* Enter the fax number of the contact person.
- E-Mail address:* Enter the e-mail address of the contact person.
- Health Care Delivery System/Clinic:*
Enter the name of the organization applying for inclusion on the Cessation Registry.
- Street Address:* Enter the street address of the Healthcare Delivery System/Clinic.
- City/State/Zip Code:* Enter the city, state and zip code of Healthcare Delivery System/Clinic.
- Phone:* Enter the phone number of the Healthcare Delivery System/Clinic.
- Fax:* Enter fax number of the Healthcare Delivery System/Clinic.
- Cessation Counselor(s):*
Enter the name(s) of counselors to be involved with cessation services. Cessation Counselors should be licensed or certified health care professionals or tobacco cessation specialists. The individual practice may be the only cessation counselor listed in this section.
- Professional Disciplines:*
MD, DO, DMD, RN, NP, PA, RRT, LPC, LSW, CAC, RPH, CHES, and other -- (please specify).

Location(s) of Cessation Services:

Cessation counseling services provided at locations in addition to the above listed organization are to be listed separately. Please enter the location where each is located including street number and name, city, zip code and county.

Counseling Services Provided:

Place a checkmark in the box of how counseling services are provided by the program. The choices are defined as:

- Group Counseling: Counseling provided by a program designated counselor or facilitator in a group setting;
- Individual Counseling: One-on-one counseling provided by a program designated counselor or facilitator; or
- Phone: Counseling provided by a program designated counselor or facilitator over the phone.

Client Types:

Place a checkmark in the box of the type(s) that the service is designed to serve. Referrals to services will be made based on identified client types. If the program reaches more than one identified client type, check as many as apply to the service.

Practice Available Language/Verbal Skills:

Indicate the language or languages used in the cessation counseling service presentation. Check all blocks that apply.

Medical Assistance Information:

Place a checkmark in the Yes box if this information is to be referred to the PA Department of Public Welfare for DPW review, and approval by MA (Medical Assistance) for reimbursement of tobacco cessation services.

Place a checkmark in the No box if information should not be forwarded to the Department of Public Welfare for reimbursement by Medical Assistance for services received.

In order for providers to be eligible for reimbursement for tobacco cessation services, they must first be enrolled into the Department of Public Welfare's Medical Assistance program. To enroll, [click here](#).

PROMISE/NPI Number:

If you are currently an enrolled provider with DPW, provide the 13-digit PROMISE number. If you are not an enrolled provider with DPW, leave this field blank.

Attestations:

Completion of indicated statements confirms your commitment to the Tobacco Cessation Program and your agreement to follow Program requirements.

Signature: Enter signature of organization representative.

Title & Date: Enter the title of the authorized representative and the date when form is signed.

For DOH Use: This information is to be completed by DOH representative and indicates the approval or disapproval of designated Health Care Delivery System/Clinic/Individual Practice.

Please forward completed application to:

Mail: Pre-Approved Tobacco Cessation Registry Program

Division of Tobacco Prevention and Control

Pennsylvania Department of Health

625 Forster Street, Room 1032 H&W Building

Harrisburg, PA 17120

Fax: (717) 214-6690

Email: RA-Registry@pa.gov