Miami-Dade Area Health Education Center
Tobacco Program – Continuing Education
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Miami, Florida 33166
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FAX: (305) 592-3704
LZeefe@mdahec.org

Healthcare Provider Resource Request Form

Miami-Dade Area Health Education Center is offering healthcare providers free tobacco resources and continuing education programs. Please complete and return this form to receive these services.

Name: _____ Profession: _____

Mailing address: _____
Street Apt.

_____
City State Zip Code

E-mail: _____ Phone: _____

FAX: _____

Employer/Organization (if applicable): _____

I would like to receive the following: (please check all that apply)

__X__ Information on how to refer patients/clients for tobacco cessation services

_____ Continuing education program information

_____ For myself

_____ To bring a program to my site/organization

_____ Provider resources on tobacco (e.g. clinical guidelines)

_____ Patient education resources on tobacco (e.g. posters; handouts)

_____ Other (please specify) _____

What area of tobacco use, treatment and its relation to health would you like to have continuing education programs on? (e.g. pregnancy & tobacco use; nicotine addiction; COPD & tobacco)

_____

Thank you! Please return form to Miami-Dade AHEC.