



## American Lung Association Freedom from Smoking® 2021 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> Title: <u>National Manager, Tobacco Programs</u> Organization: <u>American Lung Association</u> Address: <u>55 W Wacker Dr.</u> <u>Chicago, IL 60610</u> Phone: <u>312-445-2508</u> Email: <u>Eva.Book@Lung.org</u> Signature: <u></u> Date: <u>June 1, 2021</u>	Name: _____ Title: _____ Organization: _____ Address: _____ Phone: _____ Email: _____ Signature: _____ Date: _____