

## Program Accreditation

- Freedom From Smoking (FFS) was ranked the most effective smoking cessation program in a study by Fordham University Graduate School of Business.
- Individuals who participate in FFS learn to address their physical, psychological, and social aspects of their addiction, and are six times more likely to be smokefree one year later than those who quit on their own.
- “I wish I would have gone through FFS sooner.” -Cathy
- “FFS saved my life. I am eternally grateful to the American Lung Association.” -Glady



### Our Mission:

To save lives by improving lung health and preventing lung disease

For more information, please visit our website at:

<http://www.lungoregon.org/index.html>

7420 SW Bridgeport Road. Suite 200  
Tigard, OR. 97224

Phone: (503) 718-6146

Fax: (503) 924-4120

E-mail: [bstewart@lungmtpacific.org](mailto:bstewart@lungmtpacific.org)



**Help individuals overcome their addiction and enjoy the benefits of better health.**

Upcoming Facilitator Training

Date:

Tigard, OR

May 17th & 18th, 2012

## About the Program

- Freedom From Smoking (FFS) provides a supportive and structured approach to quitting smoking delivered in a small group setting, up to 16 people.
- FFS includes a variety of evidence-based cessation practices.
- The program is delivered over the course of eight sessions; during which the participant's are introduced to the following key stages:
  1. Preparation phase: Laying the foundation for success.
  2. Quit day: Affirming the decision to quit.
  3. Maintenance phase: Providing skills and support to stay smoke free.
- The ultimate goal is to help individuals overcome their addiction and enjoy the benefits.

## Training

- Attendance is required both days (Thursday–Friday)
- Each Portland, OR training will be held at ALAO 7420 SW Bridgeport Road, Suite 200. Tigard, OR. 97224.
- Day One 10:00 AM– 4:00 PM. Learn the program.
- Day Two 8:00 AM– 12:30 PM. Facilitation of the program.

## Price:

- The cost of the training is \$350 and includes two breakfasts, two lunches, facilitator materials and ten participant handbooks for the first class.

## Registration Return To:

Beverly Stewart, CHES, AE-C  
Lung Health Manager  
Email: [bstewart@lungmtpacific.org](mailto:bstewart@lungmtpacific.org)  
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## Registration

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

I am enclosing payment by check

I am enclosing payment by credit card  
(Mastercard or Visa)

Credit Card Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Name as it appears on card (please print)  
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