



Tobacco Treatment Specialist Recertification Application

Directions: In order to maintain a current CTTS Certificate you will need to renew your certification every two years (from the date on your initial certificate). Recertification requires proof of 18 continuing education credits from an accredited organization, on tobacco cessation, prevention, health policy, or closely related areas such as behavioral health and counseling. Please complete this form (**both pages**) and **attach copies** of certificates demonstrating continuing education hours received. Documents may be emailed or mailed (USPS) to the contact person listed at the bottom of this form.

Name: _____

Home address: _____

City, State _____ Zip _____ County _____

Home or Cell phone _____ Personal email _____

Place of employment _____

Work Address _____

Work Phone _____ Work email _____

TTS Number _____ Date TTS Certificate was received _____

******* Cost for Recertification is \$100.00 *******

****PLEASE INDICATE WHO THE INVOICE WILL BE PAID BY: MYSELF _____ MY EMPLOYER _____

Please indicate your method of payment (check, money order or credit card) _____

****Paying by check/money order:** Please email CTTS@breathingassociation.org to request an invoice be emailed to you to include with your **mailed in** application and payment.

****Paying by credit card:** Please email your completed application and CE certificates to: CTTS@breathingassociation.org you will be emailed an invoice from The Breathing Association & a separate email from **Paytrace** will contain a payment link (allowing you to pay by credit card and receive a receipt). ****The payment link will expire after 10 days****

I attest that the listed continuing education hours were received by me and that the information presented is accurate.

Signed _____ Date _____

Please Mail Forms to:
CTTS – Lung Health Clinic
The Breathing Association
741 E. Broad St.
Columbus, OH 43205

Phone: 614-273-2843
Fax: 614-437-1506
Email: CTTS@breathingassociation.org

