

Title: Tobacco Quit Card and Counselling (TQCC) Program Quick Reference Guide

Applicable to: Staff participating in the Provincial TQCC Program

Work Area: Designated Primary Care and Public Health teams in all Regional Health Authorities

Approved by: Primary Care Operations, Shared Health

Supersedes: New

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1.0. Purpose

- 1.1. To ensure clear procedures and protocols for provincial program delivery. This includes participant eligibility, quit card distribution, conducting counseling sessions, documenting participant progress, data confidentiality, and adherence to relevant regulations and best practices in tobacco cessation. The SOP serves as a reference document for staff involved in the program, ensuring consistency, quality, and compliance with established procedures.
- 1.2. This document should be paired with the Provincial Clinical Guideline- TQCC Program at <https://healthproviders.sharedhealthmb.ca/standards-policies-and-guidelines/tobacco/>.

2.0. Definitions

- 2.1. Regional Health Authority (RHA): The administrative body responsible for managing and overseeing healthcare services within a specific geographic region.
- 2.2. Tobacco Quit Card and Counselling (TQCC) Program: A structured initiative designed to assist individuals in their efforts to quit tobacco use, typically cigarettes or other forms of tobacco products like cigars or smokeless tobacco.
- 2.3. Electronic Medical Record (EMR): Electronic record used in primary care clinics for patient charting, tracking and referral management.

- 2.4. Nicotine Replacement Therapy (NRT): Medications that support smoking cessation by providing nicotine in a limited dose. Can be long-acting forms (patches), or short acting forms (such as gum, lozenges, inhaler, oral mist).
- 2.5. Tobacco Trainer: An interprofessional role played by a team member responsible to provide Applied Tobacco Intervention course provincially. This person also acts as a Tobacco Educator.
- 2.6. Tobacco Educator: An interprofessional role played by team members responsible to provide Quit Cards and counselling to participants and complete the TQCC program Data Collection Tool.
- 2.7. Tobacco Quit Card: A drug insurance card that can be presented at any commercial pharmacy in Manitoba to pay for nicotine replace therapy medications and pharmacy dispensing fees up to a set amount.

3.0. Equipment/Supplies

- 3.1. Not Applicable

4.0. Training

4.1. Staff Training

- 4.1.1 Tobacco Educators are to complete the accredited clinical training courses listed in the [Manitoba Tobacco and Vape Learning Series Infographic](#) under the heading Intermediate Tobacco Educator. Refer to [Appendix 2](#).
- 4.1.2 Prior to delivering the Program, staff are to have completed at minimum, the self-led LMS courses (Tobacco Basics, Intensive Tobacco Intervention, Tobacco Cessation Pharmacology, and Health Behaviour Change (HBC) Part 1: The Fundamentals). For registration details, refer to the [Manitoba Tobacco & Vape Learning Series Infographic](#).
- 4.1.3 Within 6 months of initial delivery of the program (or as soon as possible thereafter, staff are to complete the remaining courses specified for Intermediate Tobacco Educator (HBC Part 2 OR Foundational Health Educator; and Applied Tobacco Intervention).
- 4.1.4 Additional Training: CTE Tobacco Educators have the opportunity to pursue the CTE credential. For further details, refer to the [Learning Series Infographic](#).

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4.2. Tobacco Cessation Onboarding

4.2.1 RHAs are recommended to orient staff to the TQCC program through the following steps:

- 4.2.1(a) Complete the minimum clinical training required as outline above;
- 4.2.1(b) Review the TQCC Program Clinical Guideline and Tools on [Shared Health Provincial Clinical Standards, Policies & Guidelines](#) page, under [Tobacco Cessation](#).
- 4.2.1(c) Peer support or a shadow experience with a current TQCC Educator for at least 1 initial and 1 follow-up.

5.0. Procedure

5.1. Roles and Responsibilities

5.1.1 Refer to [Appendix 1](#) for details about Roles and Responsibilities.

5.2. Participant Eligibility

5.2.1 Must meet all three criteria:

- 5.2.1(a) Residents of Manitoba living in any RHA, and those who receive their Primary Care in Manitoba (including temporary residents or living in a bordering province). Depending on the RHA, eligible persons may or may not need to be a participant of a MyHealth Team Network (MyHT Program, ITDI, Community Health Agency, Partner clinic).
- 5.2.1(b) Those without insurance to cover nicotine replacement products (nicotine patches, gum, and other aids) or who find it difficult to afford these medications.
- 5.2.1(c) Those ready to start a quit attempt or reduce tobacco or vape use within 30 days. Interested in using Nicotine Replacement Therapy (NRT) and assessed by the Tobacco Educator as a suitable candidate for NRT.

5.2.2 If the participant will be using NRT in combination with an oral medication, the Primary Care Provider or a pharmacist who is a tobacco prescriber will need to prescribe the oral agent.

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- 5.2.3 If the participant has no primary care provider, and the team has a pharmacist with tobacco prescribing authority, that team member may be sought to provide an assessment and prescribe at their discretion.
- 5.2.4 See NRT-specific monograph for contraindications. NRT products have listed contraindication for patients who have had a myocardial infarction or cerebral vascular accident in the past 3 months, patients with life-threatening arrhythmias, patients with severe or worsening angina pectoris. If uncertain, consult a pharmacist for case-specific guidance.
- 5.2.5 For those under 18, submission of a Primary Care Provider Letter – Med request is required. Tobacco Educators are to refer the participant to their Primary Care Provider to obtain a prescription for NRT (the [TQCC Primary Care Provider Letter – Medication Request](#) [also in all RHA EMRs] can be sent).
- 5.2.5(a) The Canadian Paediatric Society states NRT can be used with regular smokers aged 12-18: [Strategies to promote smoking cessation among adolescents](#). Dosing is based on dependency and amount smoked and is up to the discretion of the prescriber. There are no smoking cessation medications approved by Health Canada for youth under 18 and limited research available to recommend its use for smoking cessation for adolescents. Counselling remains the recommended first treatment for adolescents.
- 5.2.6 For those eligible, open a TQCC Data Collection Tool in the EMR. The TQCC Data Collection Tool is completed for each participant, in addition to regular charting.

5.3. Ineligible Participants

- 5.3.1 No Quit Card is provided; no TQCC Data Collection Tool is completed.
- 5.3.2 Provide counselling and referrals using: Resources to Stop Smoking ([English](#) and [French](#)).

5.4. Quit Card(s) Provision

- 5.4.1 Download a Quit Card from the [Quit Card website](#): Username and password are available from your RHA Lead. Please do not use the website or download a Card until you have determined an individual's eligibility and are providing one. A [Mock-up of the Quit Card download website and Quit Card](#) is available.

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- 5.4.2 Add 3 identifiers (Name, PHIN, Date of birth) to the Tobacco Quit Card before saving into the EMR & providing it to the participant.
- 5.4.3 Save the Quit Card to the participant's chart to allow for easy access and re-printing if the participant loses the Card. Steps to upload the Card to an Accuro chart can be found in the document, [Uploading Quit Card PDF to a Chart](#).
- 5.4.4 Up to 5 quit cards can be provided on one data collection tool. Provision of more than 3 quit cards is at the care provider's discretion and should be determined in conjunction with a referral or discussion with the TQCC RHA Lead or client's primary care provider. If providing more than 5 cards, a new data collection tool needs to be initiated. A new TQCC Data Collection Tool form is only required again when a participant has completed the program, if they require more than 5 cards or if they experience a relapse and re-enter the program or in instances where participants are being issued new quit card(s) after April 1st 2025 (when the previous Data Collection form is deactivated).

5.5. Counselling

- 5.5.1 Provide a TQCC Initial Counselling Session, including support to create a plan to quit or reduce nicotine consumption in the next 30 days. The [Tobacco Intervention Macro](#) is recommended as a counselling guide and clinical recording template. It can be found in all regional EMRs and can be added to private practice EMRs.
- 5.5.2 Complete all fields in the Initial Counselling Sections - Tobacco Quit Card Issued section of the TQCC Data Collection Tool, (Form can be found under Standard Forms in all RHAs other than Northern Health Region, where it is found under Public Health).
- 5.5.3 Book 1-month and 6-month counselling sessions at dates 1 month and 6 months from initial session when Card was provided. Additional counselling may be indicated and should be offered if as needed, as per educator's discretion. Charting and update of the Accuro EMR Tobacco Lifestyle Band is considered separate, and should happen with each encounter.
- 5.5.4 Sections of the TQCC Data Collection Tool are completed at the initial, 1-month and 6-month counselling sessions in addition to regular charting. Timely for data collection is defined as a 1-month cut-off that is less than 45 days after their first quit card on the Data Collection

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Tool, and the 6-month cut-off is considered less than 196 days after their first quit card on the Data Collection Tool. Please use your clinical judgment to determine the most appropriate time for the visit that aligns with the program's timeline targets. These are the standard measurements for assessing quit rates, thus we aim to adhere to them as closely as possible to ensure consistency and standardization across programs.

- 5.5.5 The typical quit requires 3 cards. In rare cases where participants are being provided more than 5 cards within the same quit attempt (therefore requiring a new Data Collect Tool to record new Cards being issued); When a 6th card is being issued, the program assumes a re-set, whereby sections of the TQCC Data Collection Tool counselling section must also be completed at the initial (date of the 6th card), and timely 1-month (from issue of the 6th card), and 6-month (from issue of the 6th card) counselling sessions, in addition to regular charting.
- 5.5.6 Program closure – When counselling is complete send a communication to their provider. The [TQCC End of Program Letter](#) (also in all RHA EMRs) can be used. No letter is needed if they do not have a provider.

5.6. Review Applicable Handouts with the Participant

- 5.6.1 NRT Information Guide in [English](#) or [French](#) (also available in all regional EMRs): Based on participant preference and amount smoked, agree on product types and starting doses; circle/indicate these clearly so they know what to buy.
- 5.6.2 Primary Care Provider letter – Medication Request: If indicated, and if participant is interested in oral medications in addition to NRT, send TQCC [Primary Care Provider Letter – Medication Request](#) (also in all RHA EMRs) to their provider to consider prescribing an adjunctive oral medication. If the participant does not have a provider, a pharmacist with a tobacco prescriber qualification can prescribe the oral agent.
- 5.6.3 Quit Card: Advise that the Quit Card works like any other drug insurance card (it is not a “gift card”). This card can be used to purchase NRT. It will also be used to pay for the dispensing fee at the pharmacy.

- 5.6.4 Resources to Stop Smoking ([English](#) or [French](#)): Discuss referrals of interest to the individual, including Commit to Quit and Smokers' Helpline/Talk Tobacco.
- 5.6.5 [Smokers' Helpline/Talk Tobacco Referral Form](#): Request consent to fax referral form so the individual will be contacted to provide phone, text and/or online support.
- 5.6.6 Primary Care Provider letter – program closure: If indicated, when counselling is complete send [TQCC End of Program Letter](#) (also in all RHA EMRs) to their provider. No letter is needed if they do not have a provider.

5.7. Data Collection

5.7.1 Data Collection Tool Use by a Tobacco Educator for a Participant.

5.7.1(a) A New TQCC Data Collection Tool should be created for:

- All NEW program participants.
- Participants being issued new quit card(s) after April 1st 2025 (when the previous Data Collection form is deactivated). Example: If a client was issued a quit card using the old Data Collection form in March 2025, and they return for their 1-month follow-up where you issue a second card, open a new Data Collection form and check the box next to Card #2 (as you are issuing the second card). Follow the counselling section based on the time of the initial quit card. For instance, you would complete the counselling section associated with the 1-month follow-up during this visit. The 6-month follow-up would be based on 5 months from the current visit.
- Participants that have completed the program and are experiencing a relapse and re-entering the program. Relapse is defined as a participant who discontinued counseling and contact for an extended period or who reports being quit at their 6-month visit and later calls back to report resuming tobacco or vape use.
- Participants being provided more than 5 cards within the same quit attempt. In the rare scenario when a 6th card is being issued, the program assumes a re-set, whereby

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sections of the TQCC Data Collection Tool counselling section must also be completed at the initial (date of the 6th card), and timely 1-month (from issue of the 6th card), and 6-month (from issue of the 6th card) counselling sessions, in addition to regular charting. Timely for data collection is defined as a 1-month cut-off that is less than 45 days after their first quit card on the Data Collection Tool, and the 6-month cut-off is considered less than 196 days after their first quit card on the Data Collection Tool.

- 5.7.1(b) The TQCC Data Collection Tool is in addition to regular charting. Sections of the Tool are completed at the initial, 1-month and 6-month counselling sessions and capture the date and Quit Card number of each Card provided.

5.7.2 Data Collection Requirements in RHA EMRs

- 5.7.2(a) The Data Collection Tool for completion by Tobacco Educators can be accessed through the EMR of each RHA. The instructions for uploading the Data Collection Tool to the RHA EMRs can be found on the [Shared Health Provincial Clinical Standards, Policies & Guidelines](#) page, under [Tobacco Cessation](#). The Data Collection Tool for each RHA is also available there.
- 5.7.2(b) Data collected is to be retained by RHAs for 1 year after being submitted and then may be deleted.

5.7.3 Data Collection Requirements in non-RHA EMRs

RHAs will need to arrange for data collection with any partner sites where Tobacco Educators do not have access to complete the Data Collection Tool in the regional instance of EMR. There are two data collection options available to partner sites:

- 5.7.2(c) **Option 1** - The partner site may import or create the Data Collection Tool in their EMR. The following supporting documentation is available on the [Shared Health Provincial Clinical Standards, Policies & Guidelines](#) page, under [Tobacco Cessation](#):
- A copy of each RHA's Data Collection Tool
 - The items to be used in each drop-down list on the Data Collection Tool

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- Instructions for clinics on non-regional Accuro EMRs, and Instructions for clinics on non-regional EMRs -Telus, Libre MD and MaxGold (applies to any EMR other than Accuro).
- Other forms and macros referenced in this document can also be uploaded or created in non-regional EMR.

5.7.2(d) **Option 2** - The partner site may request that Tobacco Educators document on a paper version of the Data Collection Tool. Information from the paper version will ultimately need to be keyed into the live Data Collection Tool for reporting purposes.

- Data collected is to be retained by external/private clinics for 1 year after being submitted and then may be deleted.
- RHAs are responsible to ensure information sharing agreements are in place with external clinics, as required.

5.8. Pharmacy Communication/Troubleshooting

- 5.8.1 A pharmacy may refuse a Quit Card if they encounter difficulty processing the Card. Pharmacies are to call the Contact Centre phone number on the Quit Card and Letter to Manitoba Pharmacies: 1-877-790-1991 (Mon to Fri, 8am - 5pm EST).
- 5.8.2 If a pharmacy refuses to accept a Quit Card without a prescription for NRT, contact the pharmacy and discuss the issue. It can be helpful to have obtained the participant's consent to mention their name and the date and approximate time they visited the pharmacy. Use information in the Letter to Manitoba Pharmacies and Pharmacist FAQ on the TQCC program to answer questions, and/or provide those links to the pharmacy to review.
- 5.8.3 If Tobacco Educators hear from pharmacies that they are paying more for NRT products than what the Quit Card covers, direct pharmacies to call the Express Scripts Canada (ESC) Help Desk and ESC can confirm product pricing and adjust if out of date for that pharmacy.
- 5.8.4 Advise the participant to access a different pharmacy.
- 5.8.5 Note: Effective November 2024, the dispensing fee should be taken from the Quit Card in its entirety. This change was made to reduce some of the barriers experienced by clients who had to pay out of

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pocket at point of sale when dispensing fee caps on a particular transaction were exceeded.

5.9. Program Promotion

- 5.9.1 Provide program access information to the [public](#) and health professionals through the website Tobacco - Shared Health - Health Providers, including access details/contact information for each RHA.
- 5.9.2 Primary Care Providers and other team members will promote the program to potential participants.
- 5.9.3 Tobacco Educators are expected to connect with clinics regularly (at minimum twice per year) to share TQCC posters and/or TV screen advertisements continuously. As well, as place posters in other community venues.
- 5.9.4 Program promotional materials can be accessed on the [Shared Health Provincial Clinical Standards, Policies & Guidelines](#) page, under [Tobacco Cessation](#).

5.10. Reporting

- 5.10.1 Data elements are required to be aggregated and routinely submitted to Shared Health. RHA Leads collate regional data and submit directly to Shared Health (this includes reporting from EMR Accuro and a report (Excel format) that summarizes fee for service (FFS) clinic activity within each RHA).
- 5.10.2 These reports are due annually by April 30th to Shared Health, however data may be requested at additional times should a specific need for reporting arise.
- 5.10.3 Shared Health is responsible for reporting to Manitoba Health.
- 5.10.4 **Reporting from Accuro EMRs**
 - 5.10.4(a) Instructions for RHA Leads to prepare their data submission (including how to report from their regional Accuro EMR and how to incorporate private clinic data into their submission) can be found in the document [Data Submission Process for RHAs](#) on the [Shared Health Provincial Clinical Standards, Policies & Guidelines](#) page, under [Tobacco Cessation](#).

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- 5.10.4(b) Instructions for reporting out of non-regional EMRs (including private Accuro EMRs with or without SQL Server reporting tool, and non-Accuro EMRs) can be found in the document Private EMR data submission on the [Shared Health Provincial Clinical Standards, Policies & Guidelines](#) page, under [Tobacco Cessation](#).
- 5.10.5 **Reporting from FFS Clinics that are not on Accuro (Telus, Libre MD and MaxGold)**
- 5.10.5(a) FFS Clinics will provide aggregated data to RHA Leads using excel template developed by Shared Health called Private Clinic Data Template on the [Shared Health Provincial Clinical Standards, Policies & Guidelines](#) page, under [Tobacco Cessation](#).
- 5.10.5(b) RHA Leads will amalgamate all FFS data using excel template developed by Shared Health called Private Clinic Data RHA Summary Template on the [Shared Health Provincial Clinical Standards, Policies & Guidelines](#) page, under [Tobacco Cessation](#).
- 5.10.5(c) RHAs are responsible to include in their submissions summary data for any private clinics and other sites not on their regional EMR system that the region chooses to involve as program delivery partners.

6.0. Resources

- 6.1. Shared Health (2025). Provincial Clinical Guideline: Tobacco Quit Card and Counselling Program.
- 6.2. Shared Health (n.d.). [Tobacco Quit Card and Counselling Program Website](#).

7.0. References

- 7.1. Centre for Addiction and Mental Health (2018). [CAMH Algorithm for Tailoring Pharmacotherapy](#).
- 7.2. Winnipeg Regional Health Authority (2013). [Clinical Practice Guideline for the Management of Tobacco Use and Dependence](#).

8.0. Contact(s)

- 8.1. **Document Sponsor:** Provincial Program Director, Primary, Home/Community and Palliative Care Program – Shared Health

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8.2. **Document Owner(s):** Provincial Primary Care Operations Team, Health Systems Integration & Planning – Shared Health

For questions about the implementation and application of this controlled document, please contact your immediate manager. Management may consult with the Document Owner(s) at primarycare@sharedhealthmb.ca for support.

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9.0. Appendix 1 – Tobacco Quit Card and Counselling Program Roles and Responsibilities

9.1. Shared Health Responsibilities

- 9.1.1 Guide, inform and co-ordinate the TQCC program provincially.
- 9.1.2 Review feedback and update the TQCC guideline and standard operating procedure, and program quick reference guides.
- 9.1.3 Liaise with Manitoba Health and Quit Card vendor.
- 9.1.4 Chair meetings of the Tobacco Quit Card Committee including scheduling meeting dates and provision of meeting agendas and minutes.
- 9.1.5 Manage provincial communications and share with RHAs.
- 9.1.6 Lead development and coordination of Manitoba Tobacco & Vape Learning Series ongoing.
- 9.1.7 Manage financials. Guide, inform and coordinate the TQCC program provincially.
- 9.1.8 Ensure program alignment with provincial health goals and objectives.
- 9.1.9 Negotiate and maintain contracts with vendors and procurement.
- 9.1.10 Maintain copyright agreements with Alberta Health Services.
- 9.1.11 Communicate with RHA Leads about allocation and reminders to place own orders.
- 9.1.12 Collect and synthesize aggregate program data from RHAs and report to Manitoba Health.

9.2. Regional Health Authority Program Responsibilities

Duties within the RHA lead role can be assigned within RHA, as required.

- 9.2.1 Assign an RHA Lead(s) for the region and communicate to Shared Health
- 9.2.2 Identify roles within the organization who will have TQCC program responsibilities, ensuring proper coverage across communities.

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- 9.2.3 Collaborate with SH and other RHAs to ensure an adequate number of Tobacco Trainers are available to train.
- 9.2.4 Establish/implement processes to inform and remind Primary Care Providers and other team members to promote the program to potential participants.

9.3. Regional Health Authority Lead(s) Responsibilities

- 9.3.1 Lead(s) or designate(s) to participate actively in provincial planning.
- 9.3.2 Lead communication and engagement of stakeholders (including leadership, teams, and clinics) to promote and deliver the program.
- 9.3.3 Ensure timely communication of program changes and training/trainer opportunities to Tobacco Educators.
- 9.3.4 Ensure identified staff meet requirements for enrolling in ATI education.
- 9.3.5 Promote the program within their regions.
- 9.3.6 Collate and submit regional data to Shared Health; engage in quality improvement as required.
- 9.3.7 Participate in planning of Tobacco Educator training, as required.
- 9.3.8 Determine who in the region disperses QuitCards.
- 9.3.9 Bi-Annually, provide an updated list of Tobacco Educators from the RHA as outlined by Shared Health.

9.4. Tobacco Educators Responsibilities

- 9.4.1 Complete Tobacco Educator Training, as required.
- 9.4.2 Implement the TQCC Provincial Clinical Guideline, including provision of Quit Cards and counselling sessions.
- 9.4.3 Communicate with team members, participants, and Primary Care Providers to promote the program and work interprofessionally to address participant needs.
- 9.4.4 Complete Data Collection Tool.

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9.5. Tobacco Trainers for MB Tobacco & Vape Learning Series Responsibilities

- 9.5.1 Facilitate training sessions in collaboration with other trainers.
- 9.5.2 Act as a resource for clinical questions for Tobacco Educators in the MyHealth Team(s) or local area(s).
- 9.5.3 Participate in development and revisions of clinical tools, as required.
- 9.5.4 Fill the role of Tobacco Educator, as required.

10.0. Appendix 2 – Course List

Courses in the Manitoba Tobacco & Vape Learning Series are accredited by the Canadian Network for Respiratory Care (CNRC). Equivalent education must be CNRC-accredited, such as the Centre for Addiction and Mental Health's course 'An Interprofessional Comprehensive Course on Treating Tobacco Use Disorder (formally TEACH Core Course)', excluding brief tobacco intervention courses.

See the [Canadian Network for Respiratory Care](http://www.cnrc.ca) website for additional information.

[Manitoba Tobacco & Vape Learning Series Infographic](#)

Manitoba Tobacco & Vape Learning Series
Tobacco Training For Health Professionals

KEY

- Online Course through LMS
- Online Course through Alberta Health Services
Set up a free account to access
- Live Online Course through LMS

Brief Tobacco Intervention Course
A self-led online course for health professionals. Learn an evidence-based approach for offering brief intervention (up to 3-5 minutes) to clients who use, or are exposed to, commercial tobacco and vaping products.
30-40 Minutes

Intermediate Tobacco Educator
Health professionals are invited to take any of the below courses as desired, even if not pursuing Intermediate Tobacco Educator. Tobacco Basics is recommended to be taken first. Applied Tobacco Intervention is to be taken after all prerequisite courses are complete, however learners can register for it while completing other courses.

- Tobacco Basics:** Learn about tobacco, tobacco use and exposure, and the impact on society.
1.5-2 Hours
- Intensive Tobacco Intervention:** Learn how to offer intensive intervention with clients.
6-8 Hours
- Tobacco Cessation Pharmacology:** Learn about the practical application of tobacco cessation pharmacology.
2-3 Hours
- Applied Tobacco Intervention:** Practice intervention skills with the knowledge gained from previous courses.
Prerequisites: Tobacco Basics; Intensive Tobacco Intervention; Tobacco Cessation Pharmacology; and either Foundational Health Educator* OR Health Behaviour Change 1&2
7 Hours over 1 day
- Health Behaviour Change Part 1; the Fundamentals:** Learn about the background, definition, and theoretical components of Health Behaviour change, including the states of change, and motivational interviewing.
40-60 Minutes
- Health Behaviour Change Part 2; Core Practice:** Practice Health Behaviour Change skills.
3.5 Hours
- Foundational Health Educator*:** Develop skills in behaviour change counselling and facilitation skills to assist clients.
For course availability, see [http://www.cnrc.ca/certified-tobacco-educator\(cte\).html](http://www.cnrc.ca/certified-tobacco-educator(cte).html)
*The FHE course may require registration and workbook fees, all other courses are at no charge.
14 Hours over 2 Days

Certified Tobacco Educator (CTE)
Obtain Certified Tobacco Educator Credential (if desired)
Prerequisites: Tobacco Basics; Intensive Tobacco Intervention; Tobacco Cessation Pharmacology; Applied Tobacco Intervention; Foundational Health Educator
Optional: Health Behaviour Change 1; Health Behaviour Change 2
Complete final Case Based Assignment prior to CTE exam
Assigned during CTE exam registration
Write & Pass CTE Exam through the Canadian Network for Respiratory Care (CNRC)
This is offered twice yearly (typically June & November)
For more information on the credential and exam: [http://www.cnrc.ca/certified-tobacco-educator\(cte\).html](http://www.cnrc.ca/certified-tobacco-educator(cte).html)

Shared Health Manitoba partners with the Canadian Network for Respiratory Care (CNRC) and Alberta Health Services to provide training that qualifies health professionals to take the Certified Tobacco Educator (CTE) exam.

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