



# Harford County Health Department Tobacco Prevention and Cessation Program

## Workforce Development and Training Financial Incentive Program

**Purpose:** To promote Workforce Development and Training that broadens community capacity to provide evidence-based Tobacco Prevention and/or Cessation initiatives and strategies.

**Overview:** The Harford County Health Department (HCHD) will provide a Financial Stipend in the amount of **\$50.00** to **ten (10)** eligible individuals who complete a **HCHD Approved Tobacco Prevention and/or Cessation Training**.

**Eligibility:** Adults or youth (16+) who are a Harford County Resident or provide community-based services and/or support to a Harford County Resident and desires to broaden their understanding of Tobacco Prevention and/or Cessation initiatives and strategies.

**Instructions:** HCHD will provide a Financial Stipend in the amount of **\$50.00** to an eligible individual who completes the following by **June 1, 2023**:

1. An initial “**Enrollment Confirmation**” from Wendy T. Kanely, Program Coordinator has been completed. Please note “WD Incentive Program” on subject line and note the approved training to be completed in the email. Ms. Kanely’s Email address is listed below; and
2. A HCHD **Approved Tobacco Prevention and/or Cessation Training** has been completed and a “**Verification of Completion**” from the training program has been submitted along with:
  - a. A completed **HCHD Tobacco Workforce Incentive Program Invoice** and completed **Post Training Evaluation**. Both must be legible; therefore, please type or print in ink.

Once the above items have been satisfied, a check issued by the State of Maryland, in the amount of \$50.00, will be issued to the Trainee’s name and mailing address listed on the Invoice.

### **HCHD Approved Tobacco Prevention and/or Cessation Training**

1. Breaking the Habit in Behavioral Health (BH2) training offered by the Maryland Tobacco Control Resource Center <https://marylandtcrc.org/tobacco-information/maryland-tcrc-trainings> (free)
2. Catch My Breath <https://catch.org/program/vaping-prevention/>
3. American Lung Association <https://lung.training/?cat=tobacco>
  - i. Ask, Advise, Refer to Quit Don’t Switch
  - ii. How To Help People Quit
  - iii. Vape-Free Schools Initiative
  - iv. Tobacco Basics
  - v. INDEPTH® – Alternative to Suspension – Facilitator Training
  - vi. N-O-T (Not On Tobacco®) Youth Cessation Facilitator Training
4. Courses for Youth Trainees: [Take Down Tobacco 101](#) or [The Rise of Vaping](#)
5. Course of Choice: Don’t see your course listed. No worries! Contact Wendy Kanely at [wendy.kanely@maryland.gov](mailto:wendy.kanely@maryland.gov) for a personal review of your Course of Choice.

**Questions:** Please contact Wendy T. Kanely, Program Coordinator at [wendy.kanely@maryland.gov](mailto:wendy.kanely@maryland.gov)



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**Harford County Health Department**  
**Tobacco Prevention and Cessation Program**

**Workforce Development and Training**  
**Financial Incentive Program**

**TOBACCO WORKFORCE FINANCIAL INCENTIVE PROGRAM**

Invoice for \$50.00 Training Stipend

Please submit one invoice per trainee and attachments to: Wendy T. Kanely at [wendy.kanely@maryland.gov](mailto:wendy.kanely@maryland.gov)

**TRAINEE INFORMATION**

<b>Trainee Name:</b>		<b>Youth (&lt;18)</b>
		<b>Adult (&gt;18)</b>
<b>Trainees Social Security #:</b>		
<b>Mailing Address:</b>		
<b>Email Address:</b>	<b>Contact Number:</b>	
<b>Occupation:</b>		
<b>Employer Name (If Applicable):</b>		
<b>Employer Address (If Applicable):</b>		
<b>Name of Approved Training:</b>		
<b>Date of Training:</b>		
<b>Trainee Signature:</b>		

**ATTACHMENTS**

	Verification of training completion from the “ <b>Approved</b> ” training program
	Completed Post Training Evaluation

**HCHD Office Use Only**

Reference #	PCA #	AOBI #
Program Signature:		Date:
Fiscal Signature:		Date:

**Post Training Evaluation**



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<b>Trainees Name</b>		<b>Date</b>	
<b>Name of Training</b>			
<b>Date of Training</b>			
Please rate the following questions as: <b>1 (No) or 2 (Yes)</b>			
<b>Question</b>			<b>Rating</b>
Do you feel more confident in implementing the strategies and/or interventions learned through this training			
Are you likely to implement the strategies and/or interventions highlighted in this training?			
Has your interest in Tobacco Prevention or Cessation work increased?			
Would you recommend this training to your family, friends, or colleagues?			
Did you obtain new knowledge in Tobacco Prevention and/or Cessation?			
<b>Please answer the questions below. If you need more space, please use the back of this form</b>			
Please describe the parts of the training you would change or add to improve this training.			
Please describe at least one positive message you learned from this training			