



**HEALTH PROMOTION SERVICES (PSP)
 Course Registration Form**

PROTECTED B (when completed)

Please return your completed registration form
 to the Health Promotion Office:

**Bldg. S-18, Rm. 206, Stadacona
 Fax: 721-8705**

Course Requested:	Butt Out	
Course Dates:		
Name:		
Service #:		
Rank:		
CF Affiliation:	<input type="checkbox"/> Reg. Force <input type="checkbox"/> Reserve Force <input type="checkbox"/> CF Family Member <input type="checkbox"/> DND/NPF Civilian	
Unit:		
Smoking Cessation Medications:	<input type="checkbox"/> Champix <input type="checkbox"/> Zyban <input type="checkbox"/> Patch <input type="checkbox"/> Gum <input type="checkbox"/> None	
<p>PLEASE NOTE: IF CHOOSING ZYBAN or CHAMPIX, PLEASE MAKE AN APPOINTMENT WITH A DOCTOR ASAP TO ACQUIRE YOUR PRESCRIPTION. CIVILIANS ARE NOT ENTITLED TO MEDICATION THROUGH THE HOSPITAL.</p>		
Phone #	Daytime:	Evening:
Email Address:		

NOTE: Please have your supervisor complete the following Request for Time off Work. This must be completed along with your registration information. Additional course information (e.g., dates, timings, program description) that your supervisor may require, is available on our website.

REQUEST FOR TIME OFF WORK

This program/workshop is designed and tested specifically for the Canadian Forces. It is an integral part of the *Strengthening the Forces* Health Promotion initiative to improve the health of military personnel. Approval to attend this workshop during work time indicates the military's commitment to assist the member in developing their skills concerning this matter.

I hereby support _____'s efforts by providing time off work to allow him/her to attend the *Strengthening the Forces*' program/workshop.

Date: _____

Supervisor's Name: _____

Print Name

 Supervisor's Signature