

# State of Rhode Island Rewards for Wellness Program

## Tobacco Counseling Completion Form



As part of the State of Rhode Island Rewards for Wellness Program, employees are being encouraged to learn about the health risks associated with tobacco use and to quit using tobacco. Please complete and keep this form for your records as proof of completion of a tobacco cessation program.

Name of Program \_\_\_\_\_

Location of Program \_\_\_\_\_  
\_\_\_\_\_

Name of Counselor \_\_\_\_\_

Dates of Counseling Sessions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I (please print) \_\_\_\_\_ completed the above tobacco cessation counseling program.

Date of Birth \_\_\_\_\_

UHC Subscriber ID (on UHC card) OR SSN \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\* Information on cessation programs is available at [www.getfitri.ri.gov](http://www.getfitri.ri.gov) .