CDC Diabetes Prevention Recognized Program

Class Information Form



**Instructions:**

1. Click in each box to select an option or type information.
2. Email the completed form to: [michiganDPP@gmail.com](mailto:michigandpp@gmail.com)
3. If the DPP is canceled or rescheduled, please notify [michiganDPP@gmail.com](mailto:michigandpp@gmail.com)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DPP Provider Organization (REQUIRED):  Is the organization’s DPP in “Recognized” or “Pending” status by the CDC?  Yes  No  Don’t know | | | | | | | | | | |
| DPP Provider Website: | | | | | | Class Format: | | | | |
| Will there be an informational session for this DPP?  Yes  No | | | Information Session Date: | | | | | | Information Session Time: | |
| First Session Date: | | | Class Meeting Day (m, t, w, th, f): | | | | | | Session Time:  AM  PM | |
| Session Location:  Name:  Address 1:  Address 2:  City:  Zip:  County: | | | | | Registration Information (for public listing):  Contact Name:  Email:  Telephone:  Registration Link: | | | | | |
| Location Type (choose from the dropdown list): | | | | | Registration Deadline:  \*Listing will be removed after deadline | | | | | |
| Registration submitted by (For registration questions from MDHHS):  Phone:       Email:       Date: | | | | | | | | | | |
| Other notes (*Ex*: Payment options, special population, max # of participants, etc.): | | | | | | | | Language (*If other than English*): | | |
| ***For Office Use Only*** | | | | | | | | | | |
| Processed by: |  | Date: | |  | Course ID: | |  | | | Db  Confirmation |