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
3. If the DPP is canceled or rescheduled, please notify 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 |