



Protecting and Improving the Health of Iowans

Gerd W. Clabaugh, Director

Kim Reynolds, Governor

Adam Gregg, Lt. Governor

Better Choices/Better Health Workshop Authorization Request

To be completed by requesting organization before the workshop

Workshop Information:

| | | | |
|---|--|-----------|--|
| County: | | Town: | |
| Location: | | Time: | |
| Start Date: | | End Date: | |
| Check here if this is a Peer Leader Training <input type="checkbox"/> | | | |
| Check here if this is a Tomando Control de su Salud Workshop <input type="checkbox"/> | | | |

Contact Information:

| | |
|---|----------------------------------|
| Project lead name: | |
| Email: | |
| Phone number: | |
| Sponsoring organization: | |
| Subcontract organization (if applicable): | |
| Notes: | |
| I am familiar with Stanford Fidelity Manual: | |
| Co-facilitator 1: Date trained: Date of last workshop conducted: June 201 | Peer Leader: Master Trainer: |
| Co-facilitator 2: Date trained: Date of last workshop conducted: | Peer Leader : Master Trainer: |

To be completed by Iowa Department of Public Health

| | |
|-----------------------------------|-----------------------|
| Date received: | Date entered: |
| Date returned to Requesting Org.: | Authorization number: |
| Workshop held: | Workshop cancelled : |
| Number of participants: | Reason why cancelled: |