

Diabetes Prevention Program Onsite Event Request Form

For onsite blood sugar testing and Diabetes Prevention Program classes

Due at least 45 days before an onsite testing event.

Office use only

Revised:

Note(s):

Use the *Diabetes Prevention Program Onsite Event Estimator* to answer questions marked with a ♦. Send your completed form to Washington Wellness at **wawellness@hca.wa.gov**.

Your organization: _____

Date of request: _____

Your name (first & last): _____ Email: _____

Job title/role: _____ Phone: _____

Testing events

Testing event contact

You Someone else – *fill out below*

Name (first & last): _____ Email: _____

Job title/role: _____ Phone: _____

Backup contact (useful)

Name (first & last): _____ Email: _____

Job title/role: _____ Phone: _____

Testing event planning

How many testing events would you like to hold? ♦ _____

Can non-employees attend? (Non-employees may include retirees, dependents, or employees from other organizations.)

- Yes;** we don't have any building access restrictions.
- Yes;** we have building access restrictions and a plan to allow non-employees to attend while respecting their privacy under HIPAA regulations.
- No;** this is for our employees only.

Are you able to provide privacy for participants at your event(s)?

(See the testing room layout for a setup example and suggestions for room flow.)

- Yes;** we have what we need to set up private space for testing and health coaches.
- No;** I need _____ privacy screens (screens are 6' x 6').

Is there anything else we need to know about your events? Be specific.

Details • Event #1

Event title: _____

Title will be used for the online registration system and toll-free enrollment line.

(Consider how your employees will best recognize your event. Examples: Bellevue College; King Street Building, OFM.)

Total employees invited: _____

Projected participants: ♦ _____

When: Date: _____ Start time: _____ End time: _____

Where: Location name: _____ Address: _____
(e.g., Room 200) _____

Directions, parking, and/or landmark information for Event #1:

(Consider how screeners and counselors can easily find your location.)

Details • Event #2

Event title: _____

Title will be used for the online registration system and toll-free enrollment line.

(Consider how your employees will best recognize your event. Examples: Bellevue College; King Street Building, OFM.)

Total employees invited: _____ Projected participants: ◆ _____

When: Date: _____ Start time: _____ End time: _____

Where: Location name: _____ Address: _____
(e.g., Room 200) _____

Directions, parking, and/or landmark information for Event #2:

(Consider how screeners and counselors can easily find your location.)

To request more events attach additional copies of this form.

Classes

Classes contact

You Same as testing event contact Someone else – *fill out below*

Name (first & last): _____ Email: _____

Job title/role: _____ Phone: _____

Backup contact (useful)

Name (first & last): _____ Email: _____

Job title/role: _____ Phone: _____

Classes planning

How many class series would you like to hold? ◆ _____

Can non-employees attend?

Non-employees may include retirees, dependents, or employees from other organizations.

- Yes;** we don't have any building access restrictions.
- Yes;** we have building access restrictions and a plan to allow non-employees to attend while respecting their privacy under HIPAA regulations.
- No;** this is for our employees only.

Room requirement checklist

Check 1 through 6 to confirm that each requirement will be met for all class series you hold. If you have questions or concerns, contact Washington Wellness.

- 1. The same room is reserved for the same time each week (including 30 minutes before and 30 minutes after each class for setup and cleanup).
- 2. The room is reserved for 20 consecutive weeks (16 for scheduled classes and four for any make-up sessions).
- 3. The room reservation is under a generic name (like "Wellness Activity") and does not contain the words "pre-diabetes" or "diabetes" (Note: This is mandatory for HIPAA compliance).
- 4. The room comfortably accommodates and seats 16 people.
- 5. The room has a whiteboard or flip chart with markers.
- 6. There is space available in the room so participants can weigh-in discreetly.

Details • Class Series #1

When: Start date: _____ Start time: _____ End time: _____
To be held every: (select one) *Must last at least one hour.*

Where: Location name: _____ Address: _____
(e.g., Room 200) _____

Directions, parking, and/or landmark information (series #1): (Be specific for class coaches and call center staff.)

Will there be any scheduling exceptions during class series #1?

(Examples: room change on a specific date, class skipped due to holiday. Be specific.)

Details • Class Series #2

When: Start date: _____ Start time: _____ End time: _____
To be held every: (select one) *Must last at least one hour.*

Where: Location name: _____ Address: _____
(e.g., Room 200) _____

Directions, parking, and/or landmark information (series #2): (Be specific for class coaches and call center staff.)

Will there be any scheduling exceptions during class series #2?

(Examples: room change on a specific date, class skipped due to holiday. Be specific.)

To request more classes attach additional copies of this form.

Send your completed form to Washington Wellness at wawellness@hca.wa.gov.

What happens next?

Washington Wellness will forward your request to the Diabetes Prevention and Control Alliance (DPCA). DPCA will contact you within 7 days of receiving your request to confirm your event(s) and class series.