FAX Cover Sheet
Diabetes Tele-education Program

PLEASE FAX IMMEDIATELY AFTER CLASS TO: (434) 243-9143

Attention: VA Center for Diabetes Prevention & Education

Check the Class Name:
________ "The Basics of Diabetes"
________ "Nutrition Basics"
________ "Diabetes Self-Management Skills"
________ "Healthy Eating Lifestyle Changes"

Check the Month:
_____ April
_____ June
_____ October

Facilitator’s Name: ________________________________

Site Name: ________________________________

Please complete and include:
☐ Registration form
☐ Attendance sheet (please check to see if readable)
☐ Program evaluation sheets

Issues, questions, requests: