

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: