



Application Form

Please fill out the application completely to allow us to process your request in a timely fashion.

Diabetes Prevention Program Coordinator

First Name: _____

Last Name: _____

Title: _____

Professional Designation: (Check all that apply)

RN RD CDE Pharmacist Other _____

I am trained as a DPP Lifestyle Coach through a CDC-approved training entity (recommended)

If yes, please specify the training entity (e.g. AADE, Black Women's Health Imperative, Virginia Center for Diabetes Prevention and Education): _____

Business Phone: - - Ext: _____

Business Address:

Street: _____

Unit/Suite: _____

City: _____

State: _____

Zip Code: _____

The email below will serve as your unique identifier when signing into the AADE Prevention Network and the Data Analysis of Participants System (DAPS®) platform. Please use your business email if you will be using the AADE Prevention Network and DAPS to support a Diabetes Prevention Program at your organization.

Business Email: _____

In its 2018 Diabetes Prevention and Recognition Standards, the Centers for Disease Control and Prevention (CDC) asks all organizations to provide contact information for a secondary program contact, a data preparer, and, if known, the names of trained lifestyle coaches who will be facilitating the DPP cohorts. Please provide that information below.



Application Form

Secondary Diabetes Prevention Program Contact

First Name: _____

Last Name: _____

Title: _____

Professional Designation: (Check all that apply)

RN RD CDE Pharmacist Other _____

The secondary DPP contact is trained as a DPP Lifestyle Coach through a CDC-approved training entity (recommended)

If yes, please specify the training entity (e.g. AADE, Black Women's Health Imperative, Virginia Center for Diabetes Prevention and Education): _____

Business Phone: _____ - _____ - _____ Ext: _____

Business Email: _____

Business Address:

Check here if same as organizational address above

Street: _____

Unit/Suite: _____

City: _____

State: _____

Zip Code: _____

Diabetes Prevention Program Data Preparer

First Name: _____

Last Name: _____

Title: _____

Professional Designation: (Check all that apply)

RN RD CDE Pharmacist

Business Phone: _____ - _____ - _____ Ext: _____

Business Email: _____



Application Form

Business Address:

Check here if same as organizational address above

Street: _____

Unit/Suite: _____

City: _____

State: _____

Zip Code: _____

Lifestyle Coach 1

First Name: _____

Last Name: _____

Title: _____

Professional Designation: (Check all that apply)

RN RD CDE Pharmacist Other _____

The Lifestyle Coach is trained as a DPP Lifestyle Coach through a CDC-approved training entity (required)

Specify the training entity (e.g. AADE, Black Women's Health Imperative, Virginia Center for Diabetes Prevention and Education): _____

Business Phone: _____ - _____ - _____ Ext: _____

Business Email: _____

Business Address:

Check here if same as organizational address above

Street: _____

Unit/Suite: _____

City: _____

State: _____

Zip Code: _____



Application Form

Lifestyle Coach 2

First Name: _____

Last Name: _____

Title: _____

Professional Designation: (Check all that apply)

RN RD CDE Pharmacist Other _____

The Lifestyle Coach is trained as a DPP Lifestyle Coach through a CDC-approved training entity (required)

Specify the training entity (e.g. AADE, Black Women's Health Imperative, Virginia Center for Diabetes Prevention and Education): _____

Business Phone: - - Ext: _____

Business Email: _____

Business Address:

Check here if same as organizational address above

Street: _____

Unit/Suite: _____

City: _____

State: _____

Zip Code: _____

Lifestyle Coach 3

First Name: _____

Last Name: _____

Title: _____

Professional Designation: (Check all that apply)

RN RD CDE Pharmacist Other _____

The Lifestyle Coach is trained as a DPP Lifestyle Coach through a CDC-approved training entity (required)



Application Form

Specify the training entity (e.g. AADE, Black Women's Health Imperative, Virginia Center for Diabetes Prevention and Education): _____

Business Phone: - - Ext: _____

Business Email: _____

Business Address:

Check here if same as organizational address above

Street: _____

Unit/Suite: _____

City: _____

State: _____

Zip Code: _____

Diabetes Prevention Program Information

Diabetes Prevention Program Name: _____

Organization Name: _____

Program Address: _____

Check here if same as organizational address above

Street: _____

Unit/Suite: _____

City: _____

State: _____

Zip Code: _____

Web Address: _____



Application Form

Organization Type: (This refers to your organization's main headquarters location)

- Local or community YMCA
- State/Local Health Department
- Faith Based Organization/Churches
- Senior/Aging/Elder Centers
- Hospitals/Healthcare Systems/Medical Groups/Physician Practices
- Indian Health Service/Tribal/Urban Indian Health Systems
- Community Based Organizations/Community Health Centers/Federally Qualified Health Centers
- Business Coalitions on Health/Cooperative Extension Sites
- For-profit Private Businesses
- Pharmacies/Drug Stores/Compounding Pharmacies
- Universities/Schools
- Worksites/Employee Wellness
- Health Plans/Insurers
- Other (please specify) _____

CDC DPRP Information

Each AADE Network/Data Analysis of Participants System (DAPS) subscription provides detailed reporting for a single CDC DPRP organization code. Through your subscription, you will have live comparison to CDC's Recognition Standards for that specific organization code. You will also be able to import your data and export it into the CDC-required reporting format for that organization code. If your organization plans to offer Diabetes Prevention Program under separate CDC DPRP organization codes, in order to deliver the program as independent in-person, distance learning, or online only programs, please contact us at dpp@aadenet.org. We can walk you through options for additional subscriptions as well as our "sponsor/multiple modality" option for organizations offering multiple DPP modalities or providing funding, guidance, and support to multiple organizations.

Applied for CDC's DPRP Recognition? Yes No

DPRP Code _____

DPRP Effective Date: _____

(Please enter only one DPRP Code)

Delivery Mode: (Please select only one Delivery Mode option)

- In Person Only
- Distance Learning Only
- Online Only
- Combination

CDC DPRP status: Pending
 Preliminary
 Full

CDC-approved DPP Curriculum: (check all that apply)

