

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. ADCES, 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 ADCES Prevention Network and the Data Analysis of Participants System (DAPS®) platform. Please use your business email if you will be using the ADCES 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. ADCES, 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. ADCES, 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. ADCES, 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. ADCES, 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: _____

Approved Medicare Diabetes Prevention Program Supplier? Yes No

Medicare DPP Supplier Approval Date:

Application Form

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

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

CDC DPRP Information

Each ADCEs 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@adces.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)

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> In Person Only | <input type="checkbox"/> Online Only |
| <input type="checkbox"/> Distance Learning Only | <input type="checkbox"/> Combination |

CDC DPRP status: Pending
 Preliminary
 Full

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

Application Form

PreventT2 Lifestyle change Other (please specify) :

DSMES Program Information

Is the program accredited or recognized? (Check all that apply) ADCES Accredited
 ADA Recognized

Primary DSMES Program ID Number: _____

Last Date of Accreditation/Renewal: Month: _____ Year: _____

Payment

Purchase an annual subscription to the ADCES Prevention Network to unlock access to ADCES's full suite of online tools. A subscription fee of \$500 per single organization/DPRP code will give you 12 months of access to the ADCES Prevention Network.

Please select if paying by check

By clicking the "I accept" button or by accessing or using the DAPS Database System, Subscriber agrees to be bound by the terms and conditions of this Business Associate Agreement, including all Exhibits.

1. Email your ADCES Prevention Network Application to dpp@adces.org
2. Complete a check for \$500 to Association of Diabetes Care & Education Specialists (ADCES)
3. Please mail your check and ADCES Prevention Network application to: **Association of Diabetes Care & Education Specialists**

ADCES-DPP

**125 S Wacker Dr. Suite 600
Chicago, IL 60606**

Note: If paying by credit card, interested organizations must pay online at PreventionSimplified.org. Once we process your application and check, ADCES will set up an account for your organization. We will send an email to the primary Diabetes Prevention Program coordinator listed on the application.

If you would like to purchase additional subscriptions to cover your organization's additional DPRP codes, please contact us at dpp@adces.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.