

Maternity: Teeth for Two - Training Request Form

Please e-mail this completed form to Arien.bates@ocdc.net



Please Print or Type

Requesting Organization		Contact Person		Office Phone	
				Cell Phone	
Address		Email			
City	County	Zip	Best time to call:		
Type of Office <input type="checkbox"/> Medical, OBGYN <input type="checkbox"/> Medical, Family Practice <input type="checkbox"/> Home Visiting Nurses <input type="checkbox"/> FQHC/County Clinic <input type="checkbox"/> WIC <input type="checkbox"/> Other		Attendees <input type="checkbox"/> Medical, OBGYN <input type="checkbox"/> Medical, Family Practice <input type="checkbox"/> Home Visiting Nurses <input type="checkbox"/> FQHC/County Clinic <input type="checkbox"/> WIC <input type="checkbox"/> Other		Number of Attendees ____ Medical, Pediatric ____ Medical, Family Practice ____ Home Visiting Nurses ____ Clinic Nurses ____ WIC ____ Other (admin, etc.)	
AV Needs: <i>The presentation is projected on a screen or wall.</i>		<input type="checkbox"/> We have a projector onsite <input type="checkbox"/> Please bring a projector		Meeting Space: Our space will accommodate ____ attendees	
Scheduling (plan on 45 minutes) <i>Please provide two possible times when the training can be held.</i>		1 st Date:	Time:	2 nd Date:	Time:
How will you be using this training: <input type="checkbox"/> we want to implement changes to include oral health preventative services and referrals <input type="checkbox"/> we want education on oral health for our patients <input type="checkbox"/> other, please list:					
Would you like to invite others from another office to join you in the training event? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES, we will send you an invitation form to distribute to other oral health advocates.</i>					
Are you willing to provide information/data regarding how implementation is going through survey, phone call, or e-mail? Yes No (This information/data is for OrOHC only and meant to assist with grant proposals for future funding.)					
Is the above address the location of the training? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If NO, where will the training be held?</i>					