



WEST VIRGINIA WISEWOMAN
National Diabetes Prevention Program
(NDPP) Agreement



I understand that I meet the qualifications to participate in the National Diabetes Prevention Program (NDPP). This program will provide me with support as I make changes in my lifestyle that may help me live a healthier life.

- I have been made aware that there are a total of 16 core classes. I agree to attend at least 9 of the core classes.
I have been made aware that there are a total of 6 support classes. I agree to attend at least 3 of the support classes.
I agree to give the local Diabetes Prevention Program permission to share information about my weight and physical activity with the WISEWOMAN Program.
This agreement will expire one year from the date of the first attended Program session.
I have received a copy of this agreement.

Participant Name (Printed) Staff Name (Printed)

Participant Signature Staff Signature

Social Security Number Date

Mailing Address City State Zip Code

Diabetes Prevention Program Location:

Date of First Session:

Referring Provider Clinic:

Fax this completed form to:
West Virginia WISEWOMAN Program
FAX: 304-558-7164