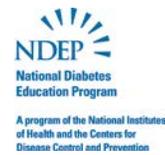


National Diabetes Education Program
 Diabetes Resources for Older Adults
 Resource Submission Form



Area of focus:	<input type="checkbox"/> Diabetes Management <input type="checkbox"/> Diabetes Prevention <input type="checkbox"/> Both Management and Prevention of Diabetes		
What content area(s) does this resource support?	Check all that apply: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> Diabetes Prevention <input type="checkbox"/> Diabetes Screening <input type="checkbox"/> Exercise <input type="checkbox"/> Meal Planning/Nutrition <input type="checkbox"/> Diabetes Risk Factors <input type="checkbox"/> Setting Individualized Goals <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Medicare Benefits <input type="checkbox"/> Weight Management <input type="checkbox"/> Other: </td> <td style="width: 50%; vertical-align: top;"> Diabetes Management <input type="checkbox"/> Blood Glucose Management <input type="checkbox"/> Coping/Stress Management <input type="checkbox"/> Memory Loss/Dementia <input type="checkbox"/> Exercise <input type="checkbox"/> Hyperglycemia <input type="checkbox"/> Hypoglycemia <input type="checkbox"/> Meal Planning/Nutrition <input type="checkbox"/> Medications Management <input type="checkbox"/> Vision Problems <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Medicare Benefits <input type="checkbox"/> Other: </td> </tr> </table>	Diabetes Prevention <input type="checkbox"/> Diabetes Screening <input type="checkbox"/> Exercise <input type="checkbox"/> Meal Planning/Nutrition <input type="checkbox"/> Diabetes Risk Factors <input type="checkbox"/> Setting Individualized Goals <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Medicare Benefits <input type="checkbox"/> Weight Management <input type="checkbox"/> Other:	Diabetes Management <input type="checkbox"/> Blood Glucose Management <input type="checkbox"/> Coping/Stress Management <input type="checkbox"/> Memory Loss/Dementia <input type="checkbox"/> Exercise <input type="checkbox"/> Hyperglycemia <input type="checkbox"/> Hypoglycemia <input type="checkbox"/> Meal Planning/Nutrition <input type="checkbox"/> Medications Management <input type="checkbox"/> Vision Problems <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Medicare Benefits <input type="checkbox"/> Other:
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Does the resource state that it was created for people with limited literacy skills (e.g., easy-to-read, use of plain language, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What language(s) is the resource available in? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:			
Is this resource tailored for a culturally diverse audience? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the resource have advertisements or other sponsorship? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:			
Is registration required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a cost for the resource? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Comments or additional information:			

You can also return your completed form by mail or fax:
 National Diabetes Education Program on behalf of Hager Sharp
 1030 15th Street, Northwest – Suite 600E - Washington, DC 20005
 Fax: (202) 842-4032

If you experience difficulties when submitting the form, please save a copy to your computer and email it to ndep@hagersharp.com