
Living Well with Chronic Conditions – Take Charge of Your Diabetes Workshop Information Form

Instructions to the Workshop Leaders: Please provide the requested details about this Workshop.

1. Site Name: _____
Address: _____
City: _____ State: _____ Zip: _____

2. Workshop Leaders' Names:

First Name Last Name Ph: (____) ____ - _____

First Name Last Name Ph: (____) ____ - _____

3. Workshop Start Date (mm/dd/yyyy): ____/____/_____
End Date (mm/dd/yyyy): ____/____/_____

4. What type of workshop is this?

- ☐ Living Well With Chronic Conditions Program
☐ Take Charge of Your Diabetes Program

5. Number of program participants *enrolled*, attending at least 1 session: _____

Please return this form to the Program Coordinators by mail, fax or e-mail (contact information below) within one week after the final session:

Jessica E. Taylor, MPH
Community Health Specialist
Chronic Disease Program Coordinator
University of Tennessee Extension
Family & Consumer Sciences
2621 Morgan Circle, 119 Morgan Hall
Knoxville, TN 37996-4501

Phone: (865) 974-7393
Fax: (865) 974-5370
Email: jtaylo22@utk.edu

Christopher S. Power, M.P.A.
Public Health Educator 3, Chronic Disease
Self-Management Program
Nutrition and Wellness Section
Cordell Hull Building, 5th Floor
425 5th Avenue North
Nashville, TN 37243-5210

Phone: (615) 532-3755
Fax: (615) 532-8478
Email: christopher.power@tn.gov

**Tennessee Department of Health • University of Tennessee Extension
Partnership**

Living Well with Chronic Conditions & Take Charge of Your Diabetes Programs