**California Rural Indian Health Board**

1020 Sundown Way ∙ Roseville, CA 95661

Telephone: (916) 286-7238

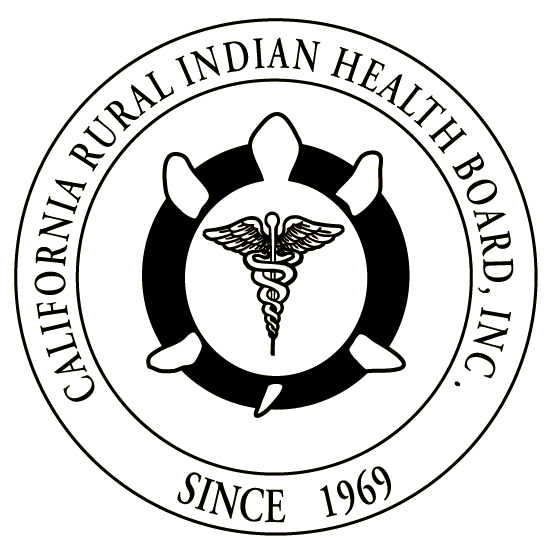
Fax: (916) 771-9470

www.crihb.org

**Application Deadline: March 19, 2021**

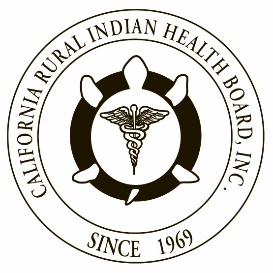
**Notification of Decision: March 26, 2021**

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| **DIABETES LIFESTYLE COACH TRAINING PROGRAM APPLICATION**  Four-part Virtual Training Series  **Required Online Training**: April 12, 14, 19, & 21  9:00 a.m.—1:00 p.m.  For more information, visit:  <http://tacenters.emory.edu/focus_areas/diabetes/lifestyle_coach_training.html> |



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| **APPLICANT INFORMATION** | | |
| Full Name (Last, First, Middle): | | |
| Mailing Address: | | |
| City: | State: | Zip Code: |
| Email: | | Phone Number: |
| Tribal Affiliation: | | |
| Are you at least 18 years of age?  YES \_\_\_\_\_\_ NO\_\_\_\_\_\_\_ | | |
| Have you completed an online, self-paced course in the past?  YES \_\_\_\_\_\_ NO\_\_\_\_\_\_\_ | | |

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| **PREVIOUS EDUCATION** | | | |
| Name of School or Institute  (City/State) | Diploma or  Degree | Course of Study | Years Completed |
|  |  |  |  |
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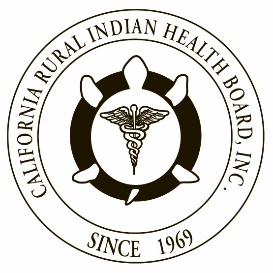
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| --- | --- | --- | --- |
| **CURRENT/PREVIOUS EXPERIENCE** | | | |
| *Please list ALL experience related to community health education, outreach, advocacy, and promotion.* | | | |
| Company Name |  | Dates |  |
| Role/Title |  | | |
| Description of Activities |  | | |
|  |  | | |
| Company Name |  | Dates |  |
| Role/Title |  | | |
| Description of Activities |  | | |
|  |  | | |
| Company Name |  | Dates |  |
| Role/Title |  | | |
| Description of Activities |  | | |
|  |  | | |
| Additional Experience |  | | |
|  |  | | |

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| --- | --- | --- |
| **Current employment status** | | |
| 🞎 Employed | 🞎 Underemployed | 🞎 Unemployed |

|  |  |  |
| --- | --- | --- |
| **How did you hear about this training opportunity?** | | |
| 🞎 Social media | 🞎 CRIHB website | 🞎 Tribe/Tribal Health Program |
| 🞎 Family member/ Friend | 🞎 California Indian Manpower Consortium (CIMC) | 🞎 Northern California Indian Development Council (NCIDC) |
| 🞎 Other (Please list): | | |



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|  |  |
| --- | --- |
| **SIGNATURES** | |
| *Carefully read and initial each item below. If there are any items you do not*  *understand, please contact Jan Carver at* [*jcarver@crihb.org*](mailto:jcarver@crihb.org) *or (916) 286-7238.* | |
|  | If offered admission into the Diabetes Lifestyle Coach  Training Program, I hereby commit to completing the  four-part online program in its entirety. |
|  | I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for admission and that the answers given by me are true and correct to the best of my knowledge. |
| *My signature below certifies that I have read and understood every line item in this document and agree to the terms and conditions.* | |
| **Applicant’s Signature:** | |
| Date: | |
| *If currently employed by a Tribe/Tribal Health Program, please have your Supervisor sign below.* | |
| Tribe/Tribal Health Program: | |
| **Supervisor Signature/Date:** |  |

**Application Deadline: Friday, March 19, 2021**

**TO SUBMIT YOUR APPLICATION, PLEASE CHOOSE ONE OF THE FOLLOWING:**

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| --- | --- |
| **Mail** | Attn: Jan Carver, Education Coordinator  California Rural Indian Health Board, Inc.  1020 Sundown Way  Roseville, CA 95661 |
| **Email** | [jcarver@crihb.org](mailto:jcarver@crihb.org) |
| **Fax** | 916-771-9470 |