



**STEPPING ON NOTIFICATION OF WORKSHOPS**

NORTH DAKOTA DEPARTMENT OF HEALTH  
INJURY PREVENTION & CONTROL  
SFN 60727 (10-2014)

This form is to be completed by the workshop Leader or local Program Coordinator for all planned *Stepping On* workshops in North Dakota. Please send this form to the North Dakota Department of Health at least one month prior to your workshop to the attention of: Mandy Slag [mslag@nd.gov](mailto:mslag@nd.gov) or by fax at 701.328.1412. If you have any questions regarding this form, please contact us at: 701.328.4537.

Name of Leader #1		Organization	
Mark One: <input type="checkbox"/> Healthcare Professional <input type="checkbox"/> Aging Professional			
Address		City	State ZIP Code
Telephone Number		E-Mail Address	
Is Leader #1's First <i>Stepping On</i> Workshop? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of Leader #2		Organization	
Mark One: <input type="checkbox"/> Healthcare Professional <input type="checkbox"/> Aging Professional			
Address		City	State ZIP Code
Telephone Number		E-Mail Address	
Is Leader #2's First <i>Stepping On</i> Workshop? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Leader #2 is a Peer Leader, please indicate how he or she was trained: <input type="checkbox"/> Attended Leader Training <input type="checkbox"/> Trained by a <i>Stepping On</i> Leader			

**Who is your local partner agency or organization?**

Contact Name		Agency/Organization	
Address		City	State ZIP Code
Telephone Number		E-Mail Address	

**Who will be handling workshop registrations?** (If this information is the same as Leader #1 or #2, please just provide the Leader's name.)

Name		Organization	
Address		City	State ZIP Code
Telephone Number		E-Mail Address	

**Workshop Dates and Times**

Day of Week	Start Date	End Date
Start Time	End Time	

**Workshop Location**

Facility/Building Name			
Address	City	State	ZIP Code
Telephone Number	E-Mail Address		

Check all that apply

- Free Parking    Metered Parking    Garage Parking (ramp/elevator accessible)    On a Bus Route  
 Handicap-Accessible (Building, including bathrooms)    Elevator    Stairs to workshop area, but no elevator (If no elevator, indicate the number of stairs: \_\_\_\_\_ )

Type of Facility

- Senior Center    Other Community Center    Faith-Based Organization    Health Care Organization  
 Parks Department Facility    Workplace    Other (Specify)

Workshop Fee to Participants

- No Workshop Fee    \$10    \$20    \$30    Other (Specify)

**Please describe your plans for recruiting participants and identify who will take responsibility. Check all that apply. Asterisks indicate the most successful strategies.**

	Leader #1	Leader #2	Local Partner	Prevention Coordinator	Facility	Current/Past Participant
Already have a waiting list						
Personal invitation by current/past participants*						
Personal interest story in local newspaper*						
Presentation to support groups*						
Presentation to senior groups*						
Presentation to groups (consumers)*						
Presentation to health care professionals						
Meet with health care professionals (potential reference source)						
Newsletter notification						
Website advertisement						
Mailing						
Flyers/Posters						
TV/Radio Commercial						
Blog Post						
Social Networking (Facebook, Twitter, etc.)						
Other (Specify)						

Is there any assistance you need as you prepare for your *Stepping On* workshop?

*Thank you for helping North Dakotans live a healthier, independent life through your commitment to evidence-based prevention programs. The North Dakota Department of Health is grateful for your enthusiasm and effort.*