

Champion Provider Fellowship 2025 LHD Application

Start of Block: Default Question Block

Q14

Q1 Name of Local Health Department

Q2 Name of Local Health Officer

Q3 Name of CalFresh Healthy Living Program Project Director and/or Local Oral Health Program Project Director:

Q4 Provide contact information for Local Health Department point person(s) for the Champion Provider Fellowship Program (usually the same as the CalFresh Healthy Living Program Project Director or Local Oral Health Program Project Director)

Point Person 1: Name (1) _____

Point Person 1: Title (2) _____

Point Person 1: Email (3) _____

Point Person 1: Phone (4) _____

Point Person 2: Name (5) _____

Point Person 2: Title (6) _____

Point Person 2: Email (7) _____

Point Person 2: Phone (8) _____

Q5 Healthcare Provider Applicant(s) (List all providers being nominated.)

Name Candidate 1 (1) _____

Name Candidate 2 (2) _____

Name Candidate 3 (4) _____

Name Candidate 4 (5) _____

Q11 Please answer or check off the following questions:

Q6 Briefly describe your county's workplan to address obesity and chronic disease prevention through Policy, System and Environmental (PSE) change intervention.

Q7 I have spoken with the healthcare provider(s) who is applying to the Champion Provider Fellowship.

- Yes (1)
- No (2)
- Not yet (3)

Q8 If yes, date of meeting or call or if not yet, when is the date of the meeting or call:

Q9 I am ready to attach a letter of support from our Local Health Officer:

- Yes (1)
- No (2)

Q10 If yes, please upload here:

End of Block: Default Question Block
