Wagahta Semere, MD, MHS

Director, Champion Provider Fellowship

1001 Potrero Ave, UCSF Box 1364

San Francisco, CA 94143

Dear Dr. Semere,

[Name of] County is excited to work with a Champion Provider Fellow to improve the health of residents in our county. We recognize the value of the Fellowship and assume responsibility for supporting a Champion Provider Fellow in the following ways:

* Designate [name of designee and department] as our primary point of contact for the Champion Provider Fellow in our health department
* Seek out opportunities to engage the Champion Provider Fellow as a supportive arm in work in obesity and chronic disease prevention
* Meet biannually with our Champion Provider Fellow to set goals and expectations for our collaborative work.
* Provide counsel, input and background information on health issues presently being addressed in our county, specifically as it may pertain to our Champion Provider Fellow’s work.
* Offer resources on specific health issues in our county that can be used by the Champion Provider Fellow in media interviews, written materials, testimony or other speaking opportunities
* Participate in quarterly conference calls with Local Health Departments representing other Champion Provider Fellows in order to enhance our ability to partner with our Champion Provider Fellow and share our work

[Health Officer Signature]

[Name of County]