



Application Date:

____ / ____ / ____

Physician Champion Information Update Form

Name _____

Specialty _____

Mailing Address:

Practice/Organization Address (if different):

Email _____

Phone Number _____

Ethnicity:

Languages Spoken:

Affiliations (AAP, CAFP, Medical Societies, etc.):

Topics of Interest:

- General – Healthy Eating and Physical Activity
- Working with Parents to Encourage Healthy Eating and Physical Activity
- Working with Students and Schools to Encourage Healthy Eating and Physical Activity
- Obesity and Underserved Communities
- Obesity and Ethnic Communities
- Building Healthy Communities
- Community and Policy Advocacy

Availability:

- Days
- Weekends
- Evenings
- Varies

In what region of California are you able to attend trainings?

- Bay Area
- Los Angeles
- Inland Empire
- San Diego
- Central Valley
- Northern California

Other _____

Please submit to Shannon Eldridge, Project Coordinator at seldridge@thecmafoundation.org,
FAX 916.779.6664, or 3835 North Freeway Blvd. Suite 100, Sacramento, CA 95834

Age Group: Children Adolescents Adults Families

Setting: In which are you most comfortable or prefer? (school, community group, church, etc.):

Do you have any established contacts with groups you'd like to work with? (If yes, please detail):

Advance notice required (number of days, weeks, etc.): _____

Other Information:

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