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Diabetes Prevention Program
Gift Card Reward Certificate

Employee Portion:

Name:

Class information:

Dates:
Location:
Facilitator Name:

Facilitator Portion:

I certify that the employee listed above has:

√ Attended all 16 class sessions
(Or attended a make-up session for any missed classes.)

and

√ Has achieved a 5% or greater weight loss during the program
(From initial program weigh-in to either weight at 16th session or weight at a monthly follow-up session within 3 months of the last class.)

_____
Facilitator Signature

Attention employee: Submit your completed certificate to:
Pima County Employee Wellness
Fax: 724-8150
Inter-office Mail: 150 W. Congress, 5th Fl.
Note: You must have registered for this program and be an active employee at time of completion.