

The DPRP Application – Initial and Reapply screenshots (current under OMB No. 0920-0909; exp. 12/31/2017; to be updated once 2018 DPRP Standards are approved)

National Diabetes Prevention Program

National Diabetes Prevention Program

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1. About Prediabetes & Type 2 Diabetes

Apply for CDC Recognition



2. Research-Based Prevention Program

CDC welcomes organizations with the capacity to deliver a lifestyle intervention that meets CDC's Diabetes Prevention Recognition Program Standards and Operating Procedures to apply for recognition.

3. Lifestyle Change Program Details

Before you apply, we encourage you to carefully read the [CDC Recognition Program Standards and Operating Procedures](#) [PDF - 727 KB] to ensure that you have a thorough understanding of the requirements. You should also complete the [Capacity Assessment](#) [PDF - 58.4KB] to help you decide if your organization has the resources to start and maintain a lifestyle program that meets the requirements for full recognition. If you are using the 2012 curriculum, please review the [terms and conditions of use](#) [PDF - 313KB].

4. Testimonials from Participants

5. Find a Program

6. What Is the National DPP?

After you apply, CDC will send an acknowledgement of receipt for your application. If you're using a CDC-developed curriculum, CDC will respond to your application within 15 business days. If you're using an alternative curriculum, CDC will respond to your application within 30 business days.

Implement a Lifestyle Change Program

Why Offer a Program

When CDC approves your application, you will receive an effective date for your program—typically the first day of the month following your approval. You'll also receive a unique organizational code to be used in submitting data.

Requirements for CDC Recognition

If you have any questions about your application or the recognition program, please send an email to dprpAsk@cdc.gov.

Apply for CDC Recognition

[Proceed to the Application Form](#)

Curricula & Handouts

Diabetes Prevention Recognition Program (DPRP) Application Form

Form Approved
OMB No. 0920-0909
Exp. Date 12/31/2017

Public reporting burden of this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0909).

***Indicates Required field**

General Information

1. Type of Application *

Initial Re-Apply Previous OrgCode Assigned (Enter only if Re-Apply is selected)



2. Organization Name *

Upon approval of your application, this will be published in the DPRP registry and on the program's website.

3. Organization Physical Address (No P.O. Boxes) *

Upon approval of your application, this will be published in the DPRP registry and on the program's website.

Street Address *

Street Address Line 2

City *

State *

Zip Code *

+4

4. Organization Mailing Address

Include if different from Organization Physical Address. DPRP staff will use this address to communicate by mail with your organization.

Street Address

Street Address Line 2

City

State

Zip Code

+4

5. Organization Web Address or URL

Optional. Upon approval of your application, if provided, this will be published in the DPRP registry and on the program's website.

[Check URL Entry](#)

6. Organization Phone Number*

This is the number that participants, payers, and others should call to obtain information about your program. Upon approval of your application, this will be published in the DPRP registry and on the program's website.

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Ext:

Primary Contact

7. Contact Person Name *

The name of the individual who will be the applicant organization's DPRP contact person. Salutation (e.g. Mr., Ms., Mrs., Miss, Dr., other [please specify]), last name, first name, middle initial, academic credentials (e.g. MD, RN, MPH, MPA, PhD, etc. [please specify]). The contact person's information will not be included in the registry.

Salutation

Last Name *

First Name *

Middle Initial

Academic Credentials

8. Contact Person Title *

The contact person's title within your organization (e.g. Lifestyle Program Coordinator).

9. Contact Email Address *

The contact person's email address. DPRP staff will use this email address to communicate with your organization.

Email Address *

Verify Email Address *

10. Contact Phone Number *

The contact person's phone number. DPRP staff will use this number to communicate with your organization.

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Ext:

11. Contact Fax Number

Optional. The contact person's fax number. DPRP staff will use this number to communicate by fax with your organization.

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Secondary Contact (If no secondary contact, check here)

The name of the individual who will be the applicant organization's DPRP contact person. Salutation (e.g. Mr., Ms., Mrs., Miss, Dr., other [please specify]), last name, first name, middle initial, academic credentials (e.g. MD, RN, MPH, MPA, PhD, etc. [please specify]). The contact person's information will not be included in the registry.

Salutation

Enter only if other is selected

Last Name *

First Name *

Middle Initial

Academic Credentials

13. Contact Person Title *

The contact person's title within your organization (e.g., Lifestyle Program Coordinator).

14. Contact Email Address *

The contact person's email address. DPRP staff will use this email address to communicate with your organization.

Email Address *

Verify Email Address *

15. Contact Phone Number *

The contact person's phone number. DPRP staff will use this number to communicate with your organization.

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Ext:

16. Contact Fax Number

Optional. The contact person's fax number. DPRP staff will use this number to communicate by fax with your organization.

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17. Contact Person Name *

The name of the individual who will be the applicant organization's DPRP contact person. Salutation (e.g. Mr., Ms., Mrs., Miss, Dr., other [please specify]), last name, first name, middle initial, academic credentials (e.g. MD, RN, MPH, MPA, PhD, etc. [please specify]). The contact person's information will not be included in the registry.

Salutation Enter only if other is selected

Last Name *

First Name *

Middle Initial

18. Affiliation *

The contact person's affiliated organization. If none, enter "self".

19. Contact Email Address *

The contact person's email address. DPRP staff will use this email address to communicate with your organization.

Email Address *

Verify Email Address *

20. Contact Phone Number *

The contact person's phone number. DPRP staff will use this number to communicate with your organization.

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Ext:

21. Contact Fax Number

Optional. The contact person's fax number. DPRP staff will use this number to communicate by fax with your organization.

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Curriculum Information

22. Curriculum*

If you select **Other Curriculum** you must submit your curriculum files.

- 2016 PreventT2 - English
- 2016 PreventT2 - Spanish
- 2012 National DPP curriculum - English
- 2012 National DPP curriculum - Spanish
- Other Curriculum

23. Intended Mode of Delivery (check all that apply)*

In-Person Virtual Other Enter only if other is selected

Certification of Application

Electronic signature: By submitting this application, your organization asserts that it has thoroughly reviewed the *CDC Diabetes Prevention Recognition Program: Standards and Operating Procedures* and would like to participate in the CDC's voluntary recognition program. Your organization agrees to comply with all of the recognition criteria contained in the standards document, including the transmission of data to CDC every 12 months from the date of the initial lifestyle class for the purpose of program evaluation, continuing recognition and technical assistance.

Name of Authorized Representative

*

Title of Authorized Representative

*

Organization Name

*

Today's Date* 03/22/2017

SUBMIT APPLICATION