

Bemidji Area HPDP/Health Coaching Collaborative

May 2012 - May 2013

Supervisor Agreement Form

Please mail by March 16, 2012

By signing below, I, _____ Supervisor of _____

(Name of Supervisor)

(Name of Employee)

do hereby give permission for the above named employee to participate in the Bemidji Area HPDP/Health Coaching Collaborative from May 2012 through May 2013. I give my full support to this effort with the knowledge that the employee's participation will involve:

- Attending the Health Coaching Collaborative Kick-Off on Tuesday, May 22nd - Thursday, May 24th, 2012
- Participating in a 13-week web-based health coaching training starting the week of **June 4th, 2012** and ending the week of **August 27th, 2012**
- Participation in once-a-month (3 months) post training web-based session to share experiences out in the field and discuss challenges.
- Participating in the program evaluation process.

Supervisor Signature

Date

Title

Organization

Send complete application package to:
Michelle Archuleta, HPDP Consultant
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Bemidji, MN 56601

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