



**Alameda County Health Care Services Agency  
Emergency Medical Services/Injury Prevention**

1000 San Leandro Blvd, Suite 200, San Leandro, CA 94577  
(510) 618-2050 (510) 618-2099 – fax



**MATTER OF BALANCE WORKSHOP REGISTRATION CHECKLIST**

<b>Coach A Name:</b>		<b>Coach B Name:</b>	
Phone: (    )		Phone: (    )	
E-mail:		E-mail:	
Address:		Address:	
City:	Zip:	City:	Zip:

**WORKSHOP INFORMATION**

Workshop Start Date: \_\_\_\_\_ Workshop End Date: \_\_\_\_\_

Location: \_\_\_\_\_

Number of enrolled participants: \_\_\_\_\_

**Name of Healthcare Professional:** \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Healthcare Professional: RN    PT    OT

**SUPPLIES/MATERIALS REQUESTED**

Desired Pick-up Date: \_\_\_\_\_ MOB Staff will confirm date with you.

**Participant Forms** (one per participant)

- \_\_\_ Participant Agreement
- \_\_\_ PAR-Q
- \_\_\_ Participant Information Form
- \_\_\_ Photo Release Forms (optional)
- \_\_\_ Participant Post Program Survey
- \_\_\_ Workshop Evaluation
  
- \_\_\_ Participant Handbook

**Coach Forms**

- 1   Information Cover Sheet
- 2   Attendance Logs
- 1   SAMPLE Attendance Log
- 2   Coach Scripts
- 1   Raffle Winner Receipt Form
- 1   Gift Card Raffle Tickets
  
- \_\_\_ Healthcare Professional Handbook

**Snacks** (estimate # of participants X 8 sessions)

- \_\_\_ Health Bars
- \_\_\_ Dried Fruit
- \_\_\_ Bottled Water

**DVDs**

- \_\_\_ *Fear of Falling: A Matter of Balance*
- \_\_\_ *Exercise: It's Never Too Late*

**Other Supplies** (check only what you need)

- \_\_\_ Name Tags (for each person X 8 sessions)
- \_\_\_ Markers (for name tags & flip chart)
- 3   Safeway Gift Cards (must sign for cards)
  
- \_\_\_ Pencils (for participants)
- \_\_\_ Flip Chart
- \_\_\_ Blank Certificates (optional)

**PICK-UP CONFIRMATION**

By signing here, I acknowledge receipt of the materials and supplies listed on this form. I will take with me a copy of the completed form when I pick-up my supplies (MOB Staff will make the copy for you).

Signature: \_\_\_\_\_

Date picked-up: \_\_\_\_\_

## CERTIFICATES OF COMPLETION

The MOB Team is able to produce the participant Certificates of Completion for you. By session #6, you should have an idea of who will be at the last session where the certificates are given out. If you know that a participant is a completer but will not be able to attend the last session, consider making a certificate for that person and finding a way to get it to them.

### Session # 6 Procedures:

- \_\_\_\_\_ **Immediately** after session #6, email the correct spelling of the names of those participants who will successfully complete the workshop (5 sessions attended is considered a "completer").
- \_\_\_\_\_ Specify if you want all of the certificates mailed to you or if you want to pick them up.

As you are aware, another option is to make your own certificates. If you choose this option and would like blank certificates, please request them on the other side of this form.

## RETURNED ITEMS CHECKLIST

\_\_\_\_\_ # of Participants (attended at least 1 time)

\_\_\_\_\_ # of Completers (5 or more sessions)

### **Completed/Unused Participant Forms**

- \_\_\_\_\_ Participant Agreement
- \_\_\_\_\_ Participant Information Form
- \_\_\_\_\_ Participant Post Program Survey
- \_\_\_\_\_ Workshop Evaluation
- \_\_\_\_\_ Photo Release Forms
  
- \_\_\_\_\_ Participant Handbook

### **Completed/Unused Coach Forms**

- \_\_\_\_\_ Information Cover Sheet
- \_\_\_\_\_ Attendance Log
- \_\_\_\_\_ Raffle Winner Receipt Form
  
- \_\_\_\_\_ Healthcare Professional Handbook

### **Snacks**

- \_\_\_\_\_ Health Bars
- \_\_\_\_\_ Dried Fruit
- \_\_\_\_\_ Bottled Water

### **DVDs**

- \_\_\_\_\_ *Fear of Falling: A Matter of Balance*
- \_\_\_\_\_ *Exercise: It's Never Too Late*

### **Other Supplies**

- \_\_\_\_\_ Name Tags
- \_\_\_\_\_ Markers
  
- \_\_\_\_\_ Pencils
- \_\_\_\_\_ Flip Chart

Signature: \_\_\_\_\_

Date returned: \_\_\_\_\_

If you have questions about the supplies and/or when to schedule to a supply pick-up, please contact Carol Powers at 510-667-3055 or [carol.powers@acgov.org](mailto:carol.powers@acgov.org) or Maria Ramos at 510-618-2050 or [maria.ramos@acgov.org](mailto:maria.ramos@acgov.org).