Louisiana Diabetes Council
Data Collection Form

Agency	
Division/Organization	
Program Name (if applicable)	
Website	
Mailing Address	
Address – Line 2	
City	
State	
Zip Code	
PRIMARY CONTACT	
First Name	
Middle Initial (optional)	
Last Name	
Title	
Degree(s)/Professional Certification(s)	
Phone Number	
Fax Number	
Email Address #1	
Email Address #2 (optional)	
Same Organization?	☐ Yes ☐ No
Same Mailing Address?	☐ Yes ☐ No
Mailing Address (if different) Include city, state, zip code	
SECONDARY CONTACT	
First Name	
Middle Initial (optional)	
Last Name	
Title	
Degree(s)	
Phone Number	
Fax Number	
Email Address #1	
Email Address #2 (optional)	
Same Organization?	☐ Yes ☐ No
Same Mailing Address?	☐ Yes ☐ No
Mailing Address (if different) Include city, state, zip code	

Print Form Submit by Email

Please return to attention: Natasha McCoy, MPH - Email Natasha.McCoy@la.gov
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