



**CHILD CARE HEALTH CONSULTATION (CCHC) PROGRAM ANNUAL CONTACT FORM**

**INSTRUCTIONS**

The CCHC Program Annual Contact Form provides a list of CCHC Program staff for each local public health agency to ensure that the appropriate staff members receive updates and communications from the CCHC Program Specialist. Please list anyone who works with your CCHC Program and, if applicable, provide each employee’s Missouri Professional Development Identification Number (MOPD ID#). Please write “None” in any fields where there is not an employee available. This form is also used to update the CCHC Program trainer group in the Missouri Professional Development System. Anyone who is not listed on this form along with their MOPD ID# will be removed from the trainer group.

Please email the completed form by **06/26/2023** to the CCHC Program at [CCHCProgram@dese.mo.gov](mailto:CCHCProgram@dese.mo.gov).

If you have any questions, please contact the CCHC Program Specialist at 573-526-9006 or [CCHCProgram@dese.mo.gov](mailto:CCHCProgram@dese.mo.gov).

If you provide any “personal information” as defined in Section 105.1500, RSMo, concerning an entity exempt from federal income tax under Section 501(c) of the Internal Revenue Code of 1986, as amended, you understand and agree that you are voluntarily choosing to seek a state contract and providing such information for that purpose. The Department of Elementary and Secondary Education will treat such personal information in accord with Section 105.1500, RSMo, unless such information is subject to disclosure pursuant to federal or state law.

LOCAL PUBLIC HEALTH AGENCY NAME	ADDRESS
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**CCHC PROGRAM CONTACTS**

	FIRST AND LAST NAME AND JOB TITLE	PHONE NUMBER AND EXTENSION	EMAIL ADDRESS	MOPD ID #
PRIMARY RN CONTACT				
PRIMARY PROGRAM CONTACT				
PRIMARY PROGRAM CONTACT				
ADDITIONAL REGISTERED TRAINER				
ADDITIONAL REGISTERED TRAINER				
ADDITIONAL REGISTERED TRAINER				
ADDITIONAL REGISTERED TRAINER				
ADDITIONAL REGISTERED TRAINER				
PRIMARY INVOICING CONTACT				
SECONDARY INVOICING CONTACT				

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