

Nutrition Class/In-Service Request Form

Please email completed forms to: lauren.n.mendez.mil@health.mil
AND ambriel.t.frazier.civ@health.mil
or bring to the Nutrition Clinic, 11C-50 during regular business hours
Office hours: Monday – Friday 0730-1600
Office closed for all Federal holidays



Date: Requestor Name Unit/Department	
Email:	Phone Number:
Pleas	se note: 30 day advance notice is required to arrange scheduling
Date of class/in- Address/Locatio	service: Time of class/in-service: n and parking details:
Length of class/ minutes	in-service: □ 30 minutes □ 60 minutes □ 90
☐ General nutrit☐ Sports nutritio☐ Role of the Ro☐ Fit for Perform	FOR PERFORMANCE AWEIGHT MANAGEMENT PROGRAM tion information egistered Dietitian/Nutrition Care Division in patient care mance: A minimum of 10 participants are required. This class is required for Soldiers enrolled in the sition Program. A calibrated scale must be available at the location of the class.
☐ Other (please	
Estimated numb	er of participants: □ Military □ Civilian □ Both
Technical support available (PowerPoint, computer, monitors): ☐ Yes ☐ No	
	This portion completed by NCD
Received by:	
Date received:	
Date/time class/	in-service scheduled:
Assigned to:	