

Nutrition Class/In-Service Request Form

Please email completed forms to: judye.f.carter.civ@mail.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:
Please note: 30 day advance notice is required to arrange scheduling	
Date of class/in-service: Address/Location and parking details:	Time of class/in-service:
Length of class/in-service: ☐ 30 minutes	□ 60 minutes □ 90 minutes
Class/In-Service Topic (please select one ☐ General nutrition information ☐ Sports nutrition ☐ Role of the Registered Dietitian/Nutrition ☐ Fit for Performance: A minimum of 10 particularly Body Composition Program. A calibrated sci. ☐ Other (please specify):	on Care Division in patient care icipants are required. This class is required for Soldiers enrolled in the
Additional notes/requests:	
Estimated number 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:	