Pennsylvania Pharmacists Association

2026-2027 Diabetes Prevention Program (DPP) Commitment Form

Get trained and submit for recognition from the CDC!

☐ Yes, my pharmacy is interested and committed to becoming recognized DPP site. I have read and understand and agree to all the specifications outlined in the PPA DPP Agreement for 2026-2027.

Please print clearly.

Pharmacy Name: _____

Pharmacy Primary Owner: _____

Pharmacy Address: _____

Pharmacy phone: _____ Fax: _____

Pharmacy website, if any: _____

Located in this PA County: _____

Primary Pharmacist who will lead this effort (First Trainer):

Name: _____ Cell phone: _____

Email: _____

Your lead person **must be a pharmacist and PPA Member** but does not need to be the owner. If they are currently not a member, please contact PPA on how you can become a member. (ppa@papharmacists.com)

Each pharmacy participating in this program is entitled to send one ***or*** two individuals through the Group Lifestyle Balance (GLB) Training program for actual delivery of DPP. In addition to the Lead listed above please list the second individual who will be trained, (this may be a pharmacy technician or student pharmacist).

Second Trainer (optional):

Name: _____ Cell phone: _____

Email: _____

PPA will assume the two people listed above will complete the Group Lifestyle Balance training. If this is incorrect – please advise. PPA will cover the cost of two individuals at your pharmacy to complete the training which will be completed online.

You may train additional people at your own expense, unless PPA has additional grant funds to cover their training. If you think you may want to do this – please check here and we will coordinate (funding dependent): _____

Optional: Additional involved pharmacists or other support personnel*, if any:

Please know you may list up to 2 additional individuals who we can communicate with on the DPP initiative. These can be added and changed as you develop your program. Please include name and email:

_____

_____

*support personnel do not need to do the training – depending on their role.

My signature below signifies my agreement with the terms and conditions outlined in the PPA-DPP Agreement for 2026-2027:

_____ _____

Signature Date

Please return this form no later than June 26, 2026!

Pharmacies will be accepted on a first-come, first-served basis.

E-email to ppa@papharmacists.com