



Request for Permission to Reprint/Reproduce CCHP Health and Safety Materials

1. **Requesting Organization:** _____ Phone () _____
Contact: _____ Fax () _____
Address: _____ E-Mail: _____
City: _____ State: _____ Zip: _____

Our organization is: Non-profit _____ For-profit _____

2. We request permission to reprint from the following CCHP products (**use one form for each**):

- | | |
|---|--|
| <input type="checkbox"/> Training Curriculum | <input type="checkbox"/> Fact Sheet for Families |
| <input type="checkbox"/> Newsletter Article | <input type="checkbox"/> Mini-poster |
| <input type="checkbox"/> Health & Safety Note | <input type="checkbox"/> Other: _____ |

Topic and pages _____ Edition: _____ Date: _____

** NOTE: Online reprints are **not allowed**. You may use a link to the document.*

3. We will reprint/reproduce _____ (number of) pieces and will distribute to: _____
Distribution method: _____
Other method of distribution: _____

4. We ___ are ___ are not charging for the material in which this CCHP information is to be included.

If there is to be a charge, please indicate amount \$ _____

5. We are requesting permission to do the following (check the appropriate option):

- Reproduce an **exact reprint of the full CCHP document**. If reprint permission is granted, we understand that the following condition(s) in the CCHP permission letter will apply:
 - a. For reprints from the CCHP Publications the following notice must be included with the published material (minimum 8-point type): ***“Reprinted with permission from California Childcare Health Program (CCHP). © Copyright (copyright date). Copying of any portion of this material is not permitted without written permission of CCHP.”***
 - b. A copy of the published material must be sent to CCHP within one month of the publication.
 - c. The agreement pertains to a ***one time only*** reprinting of the material described on the form.

- Reproduce a **portion of a CCHP document that has been edited in any way**. If you request to reprint only a portion of the CCHP document or to edit it in any way, you must provide CCHP with a copy of the exact use that is requested. CCHP reserves the right to review the requested use with a fee of \$100 per hour to be paid by you (at CCHP discretion, the fee may be waived or requested in advance of the work being performed). If permission is granted, the terms of use of this kind of reprint will be stated in CCHP’s permission letter.

- Other (Please explain): _____

Requesting organization's contact person's signature: _____ Date: _____

CCHP Authorizing Signature: _____ Date: _____

Mail or fax the filled-out request form to: Publications Department
California Childcare Health Program
1950 Addison Street, Suite 107
Berkeley, CA 94704
Fax: (510) 204-0931
CCHP@ucsfchildcarehealth.org