Request for Permission to Reprint/Reproduce CCHP Preventive Health Curriculum Materials

California Childcare Health Program

The California Childcare Health Program (CCHP) enhances the quality of child care for California's children by initiating and strengthening linkages among the health, safety, and child care communities and the families they serve.

Requesting Organization: _____ Contact Name: _____

Phone: (   ) _____ Email: _____

Organization Address: _____

City: _____ State: _____ Zip: _____

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

We request permission to reprint the following CCHP Preventive Health Curriculum Products:
 □ Preventive Health Slides   □ Preventive Health Training Manual   □ Preventive Health Student Manual

□ We will submit these materials to the California Emergency Medical Services Authority (EMSA) as part of our Preventive Health Training Program application.

□ We will reprint/reproduce copies for our Preventive Health students. We will distribute the materials by the following methods: □ distributing paper photocopies   □ sharing electronic files

We request permission to reproduce an exact reprint of the full CCHP Preventive Health document. If reprint permission is granted, we understand that the following conditions will apply:

      a. The material must be used exactly as published by CCHP. It cannot be altered in any way.

      b. The material cannot be sold for profit. Any charges must be for printing costs only.

Requesting organization contact's signature: _____

First and last name (printed): _____ Date: _____

Mail or email the completed request form to:

California Childcare Health Program (CCHP)
UCSF School of Nursing
2 Koret Way, Box 0606
San Francisco, CA 94143-0606

Email: cchp.ucsf.edu

Phone: (415)-502-2825

For office use only:
California Childcare Health Program (CCHP) grants permission to use the Preventive Health curriculum for educational purposes, according to the conditions above.
Date: _____
Permission expires (date): _____
CCHP Authorizing Signature: _____
CCHP Authorizing Name: _____