

SECTION 2 – Complete the information below for each Diabetes Prevention Program milestone. Facilitator information and signature is required for each milestone to earn the reward.

Milestone 1: 1st DPP Session Attended

Date: _____

Facilitator Name: _____ Phone Number: _____

Facilitator Signature: _____

Milestone 2: 4th DPP Session Attended

Date: _____

Facilitator Name: _____ Phone Number: _____

Facilitator Signature: _____

Milestone 3: 8th DPP Session Attended

Date: _____

Facilitator Name: _____ Phone Number: _____

Facilitator Signature: _____

Milestone 4: 5% Weight Loss Achieved

Date: _____

Facilitator Name: _____ Phone Number: _____

Facilitator Signature: _____

Check your form for these common errors

- Make sure your milestone dates are in 2025.
- Include your name as it appears on your insurance card in clear print.
- Make sure your DPP facilitator signs each milestone and facilitator contact number is provided.