



The purpose of this letter is to request information about your weight management program. We are requesting this information to add to an online resource for the public and health care providers regarding weight management services available in North Carolina.

This online resource was created by the North Carolina Alliance for Healthy Communities (NCAHC), a non-profit organization whose mission is to create and promote educational resources to healthcare professionals, communities and consumers.

In 2004, we identified the need to address obesity in NC in a proactive manner by developing the North Carolina Weight Management Registry. The goal was to collaboratively create an educational web-based weight management resource that would support physicians, patients and the general public in identifying weight management treatment programs and services across the state. The NC Weight Management Registry was launched in February 2005 with a limited number of programs. We are now enhancing the Registry with additional programs. You can view the Registry at www.ncahc.org.

If you believe your program should be a potential addition to the Registry, we would like to ask if you can take a few moments to fill out the NC Weight Management Registry On-line Questionnaire located on the NCAHC Web site. Your program information will be posted on our Web site if it meets the criteria outlined in the last paragraph, and will provide Web site visitors with specific information about your weight management program. Your program information will **not be** kept confidential and the information, including the nature and name of your program, will be available to all Web site users. This will be a great marketing tool to share information about your program since this is the only extensive, on-line educational tool designed to assist providers and the general public on various services available in our state. **The Registry is meant to be informational only**, programs are not endorsed or evaluated by NCAHC. However, providers and the public will be able use the information to quickly learn more about and identify programs appropriate to their interests and needs.

Once your information is posted, we will provide you with an opportunity to review your program's information and we will request that you notify us with any changes needed to the Web site. In addition, we will ask that you periodically provide us with updated information concerning your program, and we will use our reasonable best efforts to keep the Web site updated. Finally, please note that you will have the right to revoke our authorization to use information at any time upon thirty (30) days' written notice.

We thank you for your time and assistance in filling out this questionnaire. Please note that in order to be included in the Registry, your program must be specifically for weight management and include group or individual counseling/education related to physical activity, nutritional intake and behavior modification and you must complete the **Authorization and Release** form posted on the Web site and mail or fax back to the address provided in the document.