



Gerd W. Clabaugh, MPA
Director

Kim Reynolds
Governor

Adam Gregg
Lt. Governor

Iowa Training Project for Child Care Nurse Consultants
FY19 Enrollment Agreement

Form with fields for Nurse's Name, Supervisor Name, Nurse's Position Title, Supervisor Email, Supervisor Telephone, Employer Name, Office Address, and Office Telephone.

Statements of Assurance

Nurse, Employer and Child Health Director, please read and initial all statements of assurance.

- Seven checklist items regarding employer agreement, employment hours, work space, performance standards, completion timeline, communication, and original work submission.

Supervisor's Signature (**required**) _____ Date _____

Applicant's Signature (**required**) _____ Date _____

Child Health Agency Director's Signature _____ Date _____

Return the Enrollment Agreement to: email: Heidi.hotvedt@idph.iowa.gov Mail payment along with Enrollment Agreement to Iowa Department of Public Health, Attention: Jennifer Deeds Healthy Child Care Iowa, 321 E. 12th Street, Des Moines, IA 50319-0075.