

## Local Health Department Primary Contact Form

This form is to update, identify, or confirm key contacts in your agency. Please complete as many fields as possible and email to [membership@naccho.org](mailto:membership@naccho.org) or fax to (202)783-1583.

Name of Local Health Department			
City		State	

HEALTH OFFICIAL/Top Executive			
Prefix	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Dr	Full Name	Degrees
Phone		Email	

ENVIRONMENTAL HEALTH CONTACT – <i>This individual oversees all environmental health initiatives and programs within the LHD.</i>			
Prefix	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Dr	Full Name	Degrees
Phone		Email	

IMMUNIZATION CONTACT – <i>This individuals oversees all immunization activities/programs within the agency.</i>			
Prefix	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Dr	Full Name	Degrees
Phone		Email	

INFECTIOUS DISEASE CONTACT			
Prefix	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Dr	Full Name	Degrees
Phone		Email	

MEDICAL DIRECTOR			
Prefix	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Dr	Full Name	Degrees
Phone		Email	

LEAD EPIDEMIOLOGIST - <i>This individual oversees epidemiologic within your agency work by developing and designing methods of collecting, analyzing, and disseminating data and performing appropriate research in areas important to public health.</i>			
Prefix	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Dr	Full Name	Degrees
Phone		Email	

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**PUBLIC HEALTH PREPAREDNESS COORDINATOR - *This individual is primarily responsible for coordinating and leading the health department's disaster/emergency preparedness planning and response activities***

<b>Prefix</b>	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Dr	<b>Full Name</b>		<b>Degrees</b>	
<b>Phone</b>				<b>Email</b>	

**COMMUNICATION & OUTREACH: Please provide the following:**

<b>Agency Twitter Handle</b>		<b>Facebook:</b>	
<b>Website</b>		<b>Agency Email</b>	

*Thank you for helping NACCHO maintain its member records.*