

# East Bay Advance Care Planning Coalition

## Reporting form for Coaches and Champions

MAIL OR FAX FORM TO:

Alameda-Contra Costa Medical Association  
6230 Claremont Avenue  
Oakland, CA 94618

Email: [accma@accma.org](mailto:accma@accma.org)

TEL: [\(510\) 654-5383](tel:(510)654-5383)

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Date of event \_\_\_\_\_

Speaker Name \_\_\_\_\_

Email address \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Type of event: Champion Presentation   Coaching Presentation (circle one)

*“Champion” presentation to present the concepts and goals of advance care planning*

*“Coach” presentation to assist attendees in engaging in “the conversation” to complete the advance care planning process*

Organization through which you received the request to make the presentation:

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Sponsoring group for the presentation (if applicable): \_\_\_\_\_

Location for event \_\_\_\_\_

County \_\_\_\_\_

Number of participants /attendees: \_\_\_\_\_

Type of attendees: General public; civic group; faith-based group; seniors; health care providers; other.

Any cultural or ethnic characteristics of attendees you wish to note? Please describe:

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Any requests for more in-depth training?