



CALDWELL COUNTY HEALTH DEPARTMENT

Health Director
Denise M. Michaud

2345 Morganton Blvd., Suite B • PO Box 400 • Lenoir, NC 28645 • (828) 426-8400 • FAX (828) 426-8450 • www.caldwellcountync.org

Mission: To Promote, Protect, and Improve the Health of Our Community.

Requests for Educational Materials

Please take note of all of the following criteria in order that your request is filled in a timely manner.

- **Requests will not be filled immediately. All requests should be submitted at least one week prior before they are needed** to allow staff appropriate time to gather materials.
- **If the item requested is available, we are only able to provide limited amounts.** This varies depending on the item requested.
- **Materials are stocked for clinical education purposes. Therefore, if there are a limited number of materials available at the time of your request,** we will notify you to offer materials on an alternate subject matter and/or let you know the expected date when materials will be available.
- **Video materials are not available for release;** however, requests to arrange a viewing time at the Caldwell County Health Department will be honored based on availability of facilities and equipment.
- **Mental & Behavioral Health information must be accessed from another agency such as Smoky Mountain Mental Health or RHA Behavioral Health Services. You will need to contact them directly about their policy on providing materials.**
- **Persons requesting materials are responsible for picking up their materials during normal business hours, Monday – Friday, 8:00am to 4:30pm.** Please note that major holidays are observed and our office is typically closed on these days.

Name of Person requesting materials: _____

Phone Number: _____ Email: _____

***staff will contact you by phone or email to notify you when your request is ready**

Planned use of materials (please check all that apply):

- Personal
- Class/School
- Presentation (please list target audience) _____
- Other (please describe) _____

Please describe what type/topic of material information you would like (example: heart disease, health dept.)

Date of request: _____ Order needed by: _____ ***allow 1 week to fill order**

Please Return Form to: Anna Martin

**Health Education Supervisor
amartin@caldwellcountync.org
Fax: 828-426-8414
P.O. Box 400 Lenoir, NC 28645**

To be completed by Health Education Staff.

Date filled: _____ Filled by: _____