COMMUNITY INTERACTIVE VIDEOCONFERENCING (CIVIC) PROGRAM REQUEST FORM

WHO WE ARE & HOW IT WORKS

The Community Interactive Videoconferencing (CIVIC) Program is a multi-institutional outreach program funded and supported by the Weill Cornell Clinical and Translational Science Center (CTSC). The program addresses health education disparities in NYC by connecting communities with health professionals via videoconferencing technology. Each CIVIC event is carried out in partnership with a local community organization. The CTSC sets up an informal town hall style talk allowing an immersive experience between our health experts and communities. Our staff is on site at each event to assist and distribute educational material and feedback forms.

REQUIREMENTS TO HOST AN EVENT:

- Request CIVIC event at least 30 days in advance
- Space and seating for participants and equipment
- High speed internet is preferred; however, we are able to make other accommodations. We will perform a testing before confirming events.
- An audience of at least 10 participants
- Advertising and recruitment on behalf of community organization

EVENT DETAILS:

- CIVIC events are part of a research study to assess the effectiveness of videoconferencing to educate communities and prevent disease. Audience members (18 years and older) will be asked to provide feedback and may volunteer for a follow-up phone survey to help improve this program.
- The CTSC will schedule a site visit to ensure that our technology is compatible with your community site. **Please inform us of any changes to your internet connection that occur after our test visit.**
- Presentations last one hour, however we require the space for two and a half hours for setup and breakdown.

The Weill Cornell Medical College, Clinical and Translational Science Center reserves the right to cancel any scheduled CIVIC event for any reason, at any time.
Checking this box confirms that your organization fulfills the requirements to host a CIVIC event.

Name of Organization: _________________________________________________________________

Address: __________________________________________________________________________

Preferred Day of Week:  ☐ Tues  ☐ Wed  ☐ Thurs  ☐ Fri  ☐ Sat  ☐ Sun

Preferred Start Time:  ☐ 10am  ☐ 10:30am  ☐ 11am  ☐ 12pm  Other __________________________

Topics (please circle or check):

- Nutrition
- Diabetes Self-management
- Fall Prevention

- Arthritis Exercise
- Coronary Artery Disease
- Incontinence

- Burn Prevention
- Hands-Only CPR
- Stroke

Name of contact person (include title): ___________________________________________________

Email: ___________________________  Phone Number: _________________________________

_________________________________________________________________________________

Signature  Date