

National Women's Health Information Center

Organizational Interview Form

Mail complete form to:

Research Analyst
 National Women's Health Information Center
 8550 Arlington Blvd., Suite 300
 Fairfax, VA 22031

E-mail to: 4woman@psqs.com

or Fax to: 703-560-6598
 ATTN: Research Analyst

The **National Women's Health Information Center (NWHIC)** is a free health information and Federal publication referral service that provides a gateway to women's health information from other government agencies, public and private organizations, and consumer and health care professional groups. We are sponsored by the U.S. Department of Health and Human Services, Office on Women's Health. If you would like your organization to be considered for addition to our health resource database and NWHIC web site, please read the selection criteria at: <http://www.4woman.gov/about/select-s.htm>. If you feel your organization meets the basic selection criteria, complete the following form and submit it with your request via mail, e-mail or fax.

Person Providing Information:

Date: _____

Name: _____

Title: _____

Box I	Organization Information
Name:	_____
Parent Organization(s) <i>(largest to smallest entity)</i>	_____
Acronyms: <i>(largest to smallest entity)</i>	_____
Mission Statement:	_____

Box II	Leadership
President or Director:	
Name _____	Job Title: _____
Email _____	Phone _____
Public Information Contact (if different)	
Name _____	Job Title: _____
Email _____	Phone _____

Box III Contact Information

Phone Numbers: Will you accept phone referrals to your organization by NWHIC? Yes No

Main: _____ FAX: _____

Toll-Free: _____ TDD: _____

Languages you can respond to calls in: _____

Internet:

Web site: _____ Email: _____
(URL of Home Page) (For public inquiries)

Mailing Address:

Street _____

City _____ State _____ Zip Code _____

Box IV Publication Ordering

1. Do you offer free women's health publications to patients and the general public? Yes No

2. Will you accept orders for health publications from NWHIC on behalf of a private citizen (NWHIC 1-800 Caller)? Yes No

3. If you checked "Yes" for both of the above, complete the fields below

a) How would you prefer to receive publication orders from NWHIC? (select one) Email Fax

b) Does your publication fulfillment department or clearinghouse have any different contact information from that listed in **Box III**? Yes (Different) No (Same)

4. If you checked "Yes" for item "b" above, please give contact information for your clearinghouse or publications office. Write "-SAME-" when appropriate.

Email:* _____ May NWHIC provide this email to the public?
(for NWHIC to send publication requests) Yes No (Default)

Fax: _____
(for NWHIC to send publication requests)

Mailing Address:

Street _____

City _____ State _____ Zip Code _____

Box V Listing on NWHIC		
<p>Keywords</p> <p>List the women's health topics for which your organization is a recognized authority. Please choose only those topics about which you provide free information, respond to public inquiry, or provide a particular public service.</p> <p>For a list of NWHIC's current health topics, see our A-Z search at: http://www.4woman.gov/search/search.cfm</p>		
1.	2.	3.
4.	5.	6.
7.	8.	9.
10.	11.	12.

Box VI Other Information	
<p>Audiences served (Check all that apply):</p> <p> <input type="checkbox"/> General Public <input type="checkbox"/> Patients <input type="checkbox"/> Health Educators <input type="checkbox"/> Health Care Professionals <input type="checkbox"/> Researchers <input type="checkbox"/> Other _____ </p>	
<p>Newsletter/Journal</p> <p>Does this organization publish any newsletters or Journals? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
Title _____	Frequency _____
Title _____	Frequency _____
Title _____	Frequency _____
<p>Publication List or Catalog</p> <p>If you have a publication list on the Internet, please provide the URL: _____</p> <p>If you do not have a publication list online, please send a copy along with this form</p>	

- Additional copies of this form may be downloaded from the Internet:
- As a PDF document (68 Kb -- <http://www.4woman.gov/about/intform.pdf>) or
 - As a Word document (66 Kb -- <http://www.4woman.gov/about/intform.doc>)