

Organization Name: _____



An Invitation to Collaborate

The FDA Office of Women's Health invites you to collaborate with them on a campaign called **Take Time To Care** (TTTC). Launched in 1998, the TTTC campaign disseminates free FDA health materials to women through outreach collaborations with local and national organizations.

The Take Time to Care campaign provides easy-to-read fact sheets, medication booklets, and brochures on **50 topics** including diabetes, safe medication use, mammography, depression, smoking cessation, heart disease, HIV, and cosmetics.

Who Should Collaborate?

National Associations	Businesses
Community Organizations	Colleges and Universities
Health Care Professionals	Religious Institutions
Websites/Media	Employee Assistance Programs

What does TTTC provide?

- **Free publications** (in English, Spanish, and 14 other languages)
- **Email Updates** on the latest FDA approvals, recalls, and other women's health news
- **Connections to FDA Staff in your area**

How You Can Join...

Joining is easy.

There are many ways that you can participate. TTTC partners have distributed materials at health fairs; linked to the FDA OWH website; displayed materials in their waiting rooms, and held TTTC workshops. What you do will depend on the needs and resources of your organization.

If you are interested in collaborating with the TTTC campaign:

1. **Complete the attached form** and fax it to your FDA contact.

2. **Order any of the free TTTC publications** to distribute in your community

Order English Materials: www.pueblo.gsa.gov/rc/f06owhcard.htm

Order Spanish Materials: www.pueblo.gsa.gov/rc/owhspanish.htm

3. **Visit the Collaboration Website:** www.fda.gov/womenshealthcollaboration

Organization Name: _____



Take Time To Care Collaboration Form

Thank you for your interest in collaborating with the FDA Office of Women's Health on the **Take Time To Care** campaign. Please complete each section of this form and return it to your FDA contact.

Contact Information

We need to know the contact information for the person at your organization who will be responsible for coordinating your Take Time To Care activities. This person will receive all correspondence and materials from our office. This contact information will not be shared with other agencies without your written consent.

Organization: _____

Contact Person: _____

Title: _____

Street Address: _____

City, State: _____

Zip Code: _____

Phone: _____

Fax: _____

Email Address: _____

Website: _____

We will occasionally list the names of our partners to acknowledge their outreach efforts and support. For example, on our website there is a list of over 80 partner groups that worked on the "My Medicines" initiative on safe medication use. Please let us know if you agree to be listed publicly as a TTTC partner. Some groups have participated in TTTC activities but have chosen not to have their group listed publicly.

Would you like to be listed publicly as a TTTC collaborator?

Yes _____ No _____

Organization Name: _____

Proposed Activities

Given your organization's resources and interests, **what types of TTTC activities would you like to sponsor?** You are not obligated to conduct these specific activities. This list gives us an idea as to the size and scope of the activities that you would like to conduct. It lets us know what types of materials or support your group will need.

My organization is interested in the following TTTC activities:

- ___ Distribute TTTC fact sheets and brochures
 - ___ Place a display rack of TTTC materials in your waiting room, lobby, or other location **(The display rack is provided free of charge by the FDA Office of Women's Health.)**
 - ___ Link to the FDA Office of Women's Health website (www.fda.gov/womens)
 - ___ Host TTTC events at your organization or in your community
 - ___ Include an article or announcement about free TTTC materials in your newsletter
 - ___ Advertise TTTC messages via mailings, radio, tv, newspapers, or other means
 - ___ Translate select TTTC brochures into other languages
 - ___ Other (Please explain: _____)
-

Special Skills and Resources

Some of our collaborators have unique resources that have helped them to disseminate TTTC messages. **Are there any special skills or resources that your organization would like to contribute to TTTC?**

Please summarize special skills or resources below.

Organization Name: _____

Referral Source

How did you hear about the Take Time To Care campaign?

- | | |
|-----------------------------------|-----------------------|
| ___ FDA OWH Staffer | Name: _____ |
| ___ FDA Public Affairs Specialist | Name: _____ |
| ___ FDA OWH Exhibit booth | Conference: _____ |
| ___ FDA OWH Website | |
| ___ Other Internet Website | Site Name/ URL: _____ |
| ___ Other Source | Name: _____ |
-

Email Updates

One of the **benefits of partnering with the FDA Office of Women's Health** is that you will receive periodic email updates from our Office regarding health and safety information from the FDA -- including important FDA recalls, product approvals, and news about FDA Office of Women's Health activities and initiatives. You can control, not only the frequency of email updates that come to your inbox, but also the type.

Would you like to receive email updates from the FDA Office of Women's Health?

Yes _____ No _____

Sign up for one of our 20 email lists at:

<http://www.fda.gov/AboutFDA/ContactFDA/StayInformed/GetEmailUpdates/default.htm#women>

Organization Name: _____

Signature

Thank you for your interest in collaborating with the FDA Office of Women's Health. Please sign and date the form below. Someone will contact you to discuss your organization's proposed activities.

Name (printed): _____

Signature: _____

Date: _____

Some organizations are concerned that by completing this form they are committed to a formal partnership. This form in no way indicates a formal partnership between the U.S. Food and Drug Administration or its agents and the above signed individual or organization. Your organization is not obligated to conduct any of the activities indicated on this form.

The FDA does not endorse or sponsor the above organization, its products, or services.

FDA Office of Women's Health

10903 New Hampshire Avenue

Building 32, Room 2333

Silver Spring, MD 20993-0002

301-847-8604 (fax)

www.fda.gov/womens