

# HIV-Related Educational Materials Approval Request

**Agency/Program Name:**

**Product approved by supervisor?** No Yes

**Date submitted for review:**

**Date product to be released:**

## Educational Material Information

**Product title:**

**Link/url (if applicable):**

**Target audience(s):**

**Type of material to be reviewed:**

* Social media
* Webpage
* Video/DVD
* Printed material
* Curriculum
* Media (posters, print ads)
* Messages/Talking points

**Product’s Author/Creator:**

**Product’s publication date:**

**Appropriate copyright clearance and/or signed consent form(s) have been obtained in developing, modifying, or replicating this product?** No Yes

## Distribution

**Method(s) of product distribution:**

* Internet/mobile
* Outreach
* Class/workshop/conference/exhibit
* Media outlets, **specify:**
* Other, **specify:**

**Strategy for product distribution:**

## Evaluation

This product has been reviewed or developed by:

* Focus group
* Advisory group
* Both

**Describe the group and their evaluation of this product:**

**What is the public health rationale or benefit from using this product?**

## For MDH Office Use Only

* Approved as submitted
* Approved by review panel
* Revise and resubmit for approval (see below)
* Rejected (see below)

### MDH Comments:

MDH Grant Management Initial and Date:

Minnesota Department of Health  
[health.hivprevention@state.mn.us](mailto:health.hivprevention@state.mn.us)  
651-201-5414 | 1-877-676-5414  
[www.health.state.mn.us](http://www.health.state.mn.us/)/hiv

02/07/2018

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