



BetterHealth
AMBASSADOR
CITY OF ALBUQUERQUE

Quarterly Program Reporting

Ambassador Name: _____

Location: _____

Program Name: _____

Program Dates: _____

Report: BetterHealth Ambassador input and activity reporting is an important part of overall program success. Please report all BHA lead and department level activity related to BetterHealth. This is also a space to share your suggestions and feedback.

Use this link, <https://www.research.net/r/3222MFS>

Or scan the QR code to submit your quarterly reports.

