Patient Education Research Center
Stanford University School of Medicine
1000 Welch Rd, Suite 204
Palo Alto, CA 94304

650 723-7935 (voice)
650 725-9422 (fax)
self-manage-licensing@stanford.edu
http://patienteducation.stanford.edu

REQUEST FOR MULTI-CHOICE SELF-MANAGEMENT PROGRAM LICENSE

Legal Name of Organization:

Mailing Address:

Person Authorized to Sign License: **Title:**

Name of Program Manager/Administrator:
(license & leader's manual will be sent to this person)

Address:
(if different from above)

Phone No: **Fax No**:

E-mail address:

This application is for:

- ☐ $1000 license for up to 25 workshops per year
- ☐ $1500 license for up to 45 workshops per year

Contact Stanford for more than 45 workshops

Program Selections:

- ☐ Chronic Disease Self-Management Program
- ☐ Diabetes Self-Management (English)
- ☐ Positive Self-Management Program
- ☐ Arthritis Self-Management Program
- ☐ Chronic Pain Self-Management Program
- ☐ Tomando Control de su Salud (Spanish CDSMP)
- ☐ Manejo Personal de la Diabetes (Spanish Diabetes)
- ☐ Manejando su Salud con VIH/SIDA (Spanish HIV)

TOTAL ENCLOSED (***check payable to STANFORD UNIVERSITY in US Dollars)*** $ US

Stanford University Tax ID: 94-1156365

☐ Trainers have been trained in above selected Programs ☐ Trainers will be trained in above selected Programs

Training Location: Stanford Other (specify):

Training Dates:

Name of Person Submitting Application:

Phone No.: Email address:

THIS FORM IS NOT A LICENSE! You will receive a program license to sign and return
PLEASE RETURN COMPLETED FORM WITH PAYMENT TO THE ABOVE ADDRESS

Revised 9/24/2009