



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>

Stanford Self-Management Program License Application

Your License ID#

New Application

License Renewal

Legal Name of Organization:

Website:

Mailing Address:

City:

State/Providence:

Zip/Postal Code:

Country (if not US):

Name of Program Manager/Administrator:
(license & Leader manuals will be sent to this person)

Address:
(if different from above)

City:

State/Providence

Zip/Postal Code:

Country (If not USA):

Phone#:

Fax#:

E-mail address:

This application is for:

Single Program License

- \$500 license for up to 30 workshops and 2 Leader trainings
- \$1000 license for up to 70 workshops and 3 leader trainings
- \$1500 license for up to 110 workshops and 5 leader trainings

Multi-Program License

- \$1000 license for up to 65 combined workshops and 4 Leader trainings
- \$1500 license for up to 100 combined workshops and 6 leader trainings

Contact Office of Technology Licensing, nmari@stanford.edu, for more than 110 workshops

Program Selections:

Building Better Caregivers	Diabetes Self-Management Program (English)
Cancer: Thriving and Surviving	Manejo Personal de la Diabetes (Spanish Diabetes)
Chronic Disease Self-Management Program	Positive Self-Management Program (HIV)
Chronic Pain Self-Management Program	Tomando Control de su Salud (Spanish CDSMP)

TOTAL AMOUNT TO BE INVOICED (USD): \$

Name of Person Submitting Application:

Phone No.:

Please email completed form to self-manage-licensing@stanford.edu or fax to 650-725-9422