



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

License Upgrade Request for Stanford Self-Management Programs

Legal Name of Organization:

(as it appears on your license)

Address:

City:

State/Providence:

Zip/Postal Code:

Country (If not USA)

Name of Program Manager/Administrator:

E-mail address:

This application is to:

Convert \$500 single program license to a multi-program license *(please mark your program selection below)*

\$1000 multi license for 65 combined workshops/4 trainings..... **\$500 fee**

\$1500 multi license for 100 combined workshops/6 trainings..... **\$1000 fee**

Convert \$1000 single program license to a multi-program license *(please mark your program selection below)*

\$1000 multi license for 65 combined workshops/4 trainings..... **No additional fee**

\$1500 multi license for 100 combined workshops/6 trainings..... **\$500 fee**

Add additional Programs to our current multi-program license *(please mark your program selection below)*

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

Purchase additional leader trainings @ \$100 per training: No. of Additional Trainings:

Email invoice to:

Name of person:

Email:

TOTAL AMOUNT TO BE INVOICED (USD):

Name of Person Submitting Application:

(complete only if different from above)

Email Address:

Phone No.:

Email completed form to self-manage-licensing@stanford.edu or Fax to (650) 725-9422