Offsite Training Request

1 **CHECK THE PROGRAMS YOUR TRAINING WILL COVER AND TYPE OF TRAINING BASED ON DURATION**
(Cross-trainings require trainees to be certified Master Trainers in CDSMP, Tomando, Diabetes English or Diabetes Spanish. Available combos: CDSMP/DSMP or Tomando/Manejo Personal de la Diabetes):

Full Training (4.5 days)	**Cross-Training** (1-2 days)	
❒		Chronic Disease Self-Management Program (CDSMP)
❒	❒	Tomando Control de su Salud (Tomando)
❒	❒	Diabetes Self-Management Program (DSMP)
❒	❒	Manejo Personal de la Diabetes (Manejo)
	❒	Chronic Pain Self-Management Program (CPSMP)
	❒	Positive Self-Management Program (HIV)
	❒	Cancer: Thriviing and Surviving (CTS)
	❒	Building Better Caregivers (BBC)

2 **CHECK THE TYPE OF TRAINING YOU ARE REQUESTING BASED ON COORDINATION LEVEL**

❒ **SMRC-Sponsored Training** (Coordinated by SMRC. T-Trainers will be recruited)($10,000 Training Fee)

❒ **Non-SMRC Sponsored Training** (Coordinated by your own T-Trainers) ($4,000 Fee) Please provide the names of T-Trainers employed / affiliated to your organization:

________________________ **and** ________________________

3 **SPECIFY TRAINING DATES (Please provide 2 possible dates for SMRC-Sponsored Trainings):**

________________________ **or** ________________________
Preferred **Alternate** (Stanford-sponsored trainings only)

4 **PROVIDE:** Legal Name of Organization Hosting the Training (This will appear in written documents)

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Mailing Address:____

Contact Person (main contact person coordinating this training): ________________________

Phone No.: (   ) ________________ Fax No.: (   ) ________________

E-mail address:____

5 **Location of training if different from location of hosting organization:** ________________________

❒ **Yes, I checked the website (www.selfmanagementresource.com) for license and training fees.**

Is this training open to others outside your local area who wish to attend? ❒ **Yes** ❒ **No** **Training Fee: $**____________