



Patient Education Research Center
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REQUEST FOR OFF-SITE SELF-MANAGEMENT TRAINING & PROGRAM LICENSE

Legal Name of Organization

Contact Person:

Title:

Mailing Address:

Phone#:

Fax#

E-mail address:

Training Information

Requesting Training for which Program(s).

(Cross-trainings can only be given in conjunction with a full CDSMP training):

Full training	Cross-training
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Chronic Disease Self-Management Program

Tomando Control de su Salud (Spanish CDSMP)

Positive Self-Management Program (HIV)

Arthritis Self-Management Program

Curso de Manejo Personal de la Artritis (Spanish ASMP)

Site where training will be held:

Requested dates:

LICENSE APPLICATION ON THE NEXT PAGE

We must receive both forms, along with payment, before the training is finalized.