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)
http://patienteducation.stanford.edu

SELF-MANAGEMENT PROGRAMS -- MASTER TRAINING REQUEST

PLEASE FAX THIS FORM TO 650.725-9422 -- Attention of Sonia Alvarez

Program(s) Requested. ***(Cross-trainings can only be given in conjunction with a full CDSMP training):***

Full training	Cross-training	
☐		Chronic Disease Self-Management Program (CDSMP)
☐	☐	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)
☐	☐	Diabetes Self-Management Program (English)
☐	☐	Spanish Diabetes Self-Management Program

Will you have your own T-Trainers facilitate this training ☐ **or will Stanford recruit them?** ☐

Training Dates (Please provide 2): _____ (Preferred) **or** _____ (Alternate)

Legal Name of Organization Requesting Training: _____

Contact Person (main person coordinating this training) : _____

Mailing Address: _____

Phone No.: _____ Fax No.: _____

E-mail address: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR PROGRAM

First time using the program ☐ This training will allow us to expansion an existing program ☐

Number of people to which we intend to offer self-management workshops: _____

Scope of program: ☐ Neighborhood(s) ☐ City(ies) ☐ County ☐ Region ☐ State

Number of active: Program leaders (instructors): _____ Master Trainers: _____

Is this training open to others outside your organization who wish to attend? ☐ YES ☐ NO How many? _____

We checked the website (http://patienteducation.stanford.edu) and are aware of license and training fees. ☐

Upon receipt of form you will be contacted to discuss any questions or concerns you may have.