



Stanford Patient Education Research Center

1000 Welch Road, Suite 204 · Palo Alto CA 94304
<http://patienteducation.stanford.edu> · (650) 723-7935

Print this completed application and mail with payment to the address above

Application Self-Management Programs Cross-Training

I wish to attend the following cross-training:

May 22 & 23, 2009: English Diabetes **\$700 tuition**
Jul 18, 2009: PSMP (HIV) **\$350 tuition**

First Name:

Last Name:

Representing:

Address: Home Work

Phone:

Fax:

E-mail:

REQUIRED: I was trained as a Master Trainer for the CDSMP (specify location and date)

Enclosed is tuition, made out to STANFORD UNIVERSITY:

You are NOT registered until full payment is received. We do not hold spots.

NOTE: *This amount does NOT include your organization's license. You must also submit a license form.*

SPECIAL REQUESTS:

Dietary requests: Vegetarian Diabetic Other (specify):

Disability accommodations (specify):

I wish to register for this cross-training and certify that the above information is correct.

TRAINEE'S signature (must be signed ONLY by TRAINEE)

Date

APPLICATION DEADLINE (with tuition) 3 weeks prior to training date!
Training is limited to 26; first come, first served. No refunds after the deadline!
Do NOT make travel arrangements until you receive a confirmation from us.
Call (650) 723-7935 for availability.



SELF-MANAGEMENT PROGRAM INFORMATION
TO BE COMPLETED BY MASTER TRAINERS ONLY

SECTION 1. TRAINING INFORMATION

Site where training held:

Dates of cross-training:

Training was for which Program(s): **CDSMP**
 Tomando Control de su Salud (Spanish Chronic Disease Self-Management)
 Diabetes Self-Management Program
 Spanish Diabetes Self-Management (Tomando Control de su Diabetes)
 PSMP (HIV)

Is your organization currently licensed to offer the Program(s)? **No** **Yes** (date of license: month & year)

SECTION 2. MASTER TRAINER INFORMATION: This information will be entered into our database as your contact information.

Name:

Organization:

Mailing Address:

Home
Work

Phone No:

Fax No.:

Email:

ALTERNATE ADDRESS:

Mailing Address:

Home
Work

Phone No:

Fax No.:

Email:

IMPORTANT NOTICE

Upon satisfactory completion of training you will receive a Master Trainer Authorization Agreement. The agreement certifies you to train leaders but certification does not go into effect until you have met all requirements set forth in the agreement and RETURNED THE AGREEMENT TO STANFORD.