



Offsite In-Person Training Request

Type directly into this form, save it, and email to training@selfmanagementresource.com

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 or Tomando:

Full Training
(4.5 days)

Cross-Training
(1-2 days)

.....	Chronic Disease Self-Management Program (CDSMP)		
.....	Tomando Control de su Salud (Tomando)	in Spanish	In English
.....	Diabetes Self-Management Program (DSMP)		
.....	Manejo Personal de la Diabetes (Manejo)	in Spanish	In English
.....	Chronic Pain Self-Management Program (CPSMP)		
.....	Positive Self-Management Program (HIV)		
.....	Cancer: Thriving 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 by SMRC) (\$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 (SMRC-sponsored trainings only)

4 PROVIDE: Legal Name of licensed organization hosting the training (This will appear in written documents)

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:

6 My organization has a license We will purchase a license before training plans proceed

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

Is this training open to others who wish to attend? No Yes - Training Fee: \$