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| Logo  Description automatically generated | **Questions Asked on the Trainer’s Annual Report for the Previous Calendar Year** |

**THIS DOCUMENT IS FOR YOUR OWN PREPARATION ONLY.**

**YOU MUST SUBMIT YOUR REPORT ON THE TRAINER’S PORTAL ON OUR WEBSITE!**

**Your report for the previous calendar year is due by January 31.**

* Reports submitted in February will be charged a **$100 late fee**.
* For reports submitted in March, you will lose your certification as of March 1 and charged a **$150 late fee** to reinstate your certification
* After March 31, you will be required to re-take a full Leader’s training to regain your certification

Questions on the annual report form:

1. Name of your organization
2. If your organization is working under an umbrella license, please give us the name of the license holder organization that you work under (e.g., State of ABC Dept of Health, ABC Community Services Agency, etc.)
3. Name of your program coordinator
4. Email of your program coordinator
5. Street Address of the your organization
6. City of your organization
7. State/Province of your organization
8. Zip/Postal Code of your organization
9. **The ending dates of your MOST RECENT full trainings** for new Leaders or new Master Trainers, either face-to-face or virtual video conference, that you facilitated since January 1 of last year (also include this year). If you don’t have the exact date, fill in with the 15th of the month you did the training. If you have not done one of these yet, leave blank. (Tool Kit trainings do not count toward certification)
* 4-day Leader face-to-face training date
* Virtual (online video) Leader training date
* 4.5-day Master face-to-face training (T-Trainers only) date
* Virtual (online video) Master training (T-Trainers only) date

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| **TOTAL NUMBER OF WORKSHOPS YOU HAVE FACILITATED IN THE LAST CALENDAR YEAR (January 1 to December 31)** |
|  | **Participant Workshops** | **New Leader Trainings**  | **Update Trainings** (update Leaders in a revised program) | **Cross- Trainings** (cross-train Leaders to an additional program) | **New Master Trainings**(by T-Trainers or Certifying T- Trainers only) | **T-Trainer Apprentice- ships**(by Certifying T-Trainers only) | **Name(s) of Licensed Organization(s)** |
| **CDSMP** |
| **Face-to-face** |  |  |  |  |  |  |  |
| **Virtual (Online Video) Workshop** |  |  |  |  |  |  |  |
| **Tool Kit with Telephone Scripts** |  |  |  |  |  |  |  |
| **Tomando control de su salud (Spanish CDSMP)** |
| **Face-to-face** |  |  |  |  |  |  |  |
| **Virtual (Online Video) Workshop** |  |  |  |  |  |  |  |
| **Tool Kit with Telephone Scripts** |  |  |  |  |  |  |  |
| **Workplace CDSMP (wCDSMP)** |
| **Face-to-face** |  |  |  |  |  |  |  |
| **Virtual (Online Video) Workshop** |  |  |  |  |  |  |  |
| **Tomando control de su salud en el trabajo (Spanish Workplace CDSMP)** |
| **Face-to-face** |  |  |  |  |  |  |  |
| **Virtual (Online Video) Workshop** |  |  |  |  |  |  |  |
| **DSMP (Diabetes)** |  |  |  |  |  |  |  |
| **Face-to-face** |  |  |  |  |  |  |  |
| **Virtual (Online Video) Workshop** |  |  |  |  |  |  |  |
| **Tool Kit with Telephone Scripts** |  |  |  |  |  |  |  |
| **Programa de manejo personal de la diabetes (Spanish DSMP)** |
| **Face-to-face** |  |  |  |  |  |  |  |
| **Virtual (Online Video) Workshop** |  |  |  |  |  |  |  |
| **Tool Kit with Telephone Scripts** |  |  |  |  |  |  |  |
| **CPSMP (Pain)** |
| **Face-to-face** |  |  |  |  |  |  |  |
| **Virtual (Online Video) Workshop** |  |  |  |  |  |  |  |
| **Tool Kit with Telephone Scripts** |  |  |  |  |  |  |  |
| **Programa de manejo personal de dolor crónico (Spanish pain)** |
| **Face-to-face** |  |  |  |  |  |  |  |
| **Virtual (Online Video) Workshop** |  |  |  |  |  |  |  |
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| **TOTAL NUMBER OF WORKSHOPS YOU HAVE FACILITATED IN THE LAST CALENDAR YEAR (January 1 to December 31)** |
|  | **Participant Workshops** | **New Leader Trainings**  | **Update Trainings** (update Leaders in a revised program) | **Cross- Trainings** (cross-train Leaders to an additional program) | **New Master Trainings**(by T-Trainers or Certifying T- Trainers only) | **T-Trainer Apprentice- ships**(by Certifying T-Trainers only) | **Name(s) of Licensed Organization(s)** |
| **Cancer Thriving & Surviving (CTS)** |
| **Face-to-face** |  |  |  |  |  |  |  |
| **Virtual (Online Video) Workshop** |  |  |  |  |  |  |  |
| **Cáncer: Triunfando y sobreviviendo (Spanish CTS)** |
| **Face-to-face** |  |  |  |  |  |  |  |
| **Virtual (Online Video) Workshop** |  |  |  |  |  |  |  |
| **PSMP (HIV)** |
| **Face-to-face** |  |  |  |  |  |  |  |
| **Virtual (Online Video) Workshop** |  |  |  |  |  |  |  |
| **Vivir Más Sano Con VIH** (Spanish PSMP) |
| **Face-to-face** |  |  |  |  |  |  |  |
| **Virtual (Online Video) Workshop** |  |  |  |  |  |  |  |
| **Building Better Caregivers (BBC)** |
| **Face-to-face** |  |  |  |  |  |  |  |
| **Virtual (Online Video) Workshop** |  |  |  |  |  |  |  |
| **Convertirse en Mejores Cuidadores (Spanish BBC)** |
| **Face-to-face** |  |  |  |  |  |  |  |
| **Virtual (Online Video) Workshop** |  |  |  |  |  |  |  |
| **Programs in Languages Other Than English or Spanish**  |
| **Name of Program:****Language:** |  |  |  |  |  |  |  |
| **Name of Program:****Language:** |  |  |  |  |  |  |  |
| **Name of Program:****Language:** |  |  |  |  |  |  |  |
| **Leader Refresher Trainings** (This is NOT an update training for any specific program, but a 1-day refresher, where facilitation techniques are discussed in small groups with videos. Refresher trainings do not count toward maintaining your certification.) |
| **Leader Face-to-Face Refresher** (English) |  |  |  |  |  |  |  |
| **Leader Face-to-Face Refresher (Spanish)** |  |  |  |  |  |  |  |