



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 2023 is due by January 31, 2024.

- 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

1. Your profile information will be automatically filled with what is in your personal profile. Check it carefully and make corrections if anything has changed. New information will be saved in your record.
 - If you are no longer a trainer for any SMRC workshop, please change your status to "inactive".
 - Make sure that the name of your program coordinator and licensed organization is correct.
2. TIP: begin typing into fields asking for names of coordinators, licensed organizations, languages, etc., and the system will show only those that contain what you have typed.
3. You will be able to save your report as a draft and come back to it. However, you must click the final button to send it to SMRC. Drafts are not submitted reports, so failure to complete your report could result in late fees.
4. Your portal's annual report landing page will show you if your report is complete or a draft. You can also print a copy.

Questions? Email us at certification@selfmanagementresource.com

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TOTAL NUMBER OF WORKSHOPS AND TRAINING YOU HAVE FACILITATED

IN THE LAST CALENDAR YEAR (January 1 to December 31) ONLY

Complete all questions for program for which you are certified with 0 or another number (required)

CHRONIC DISEASE SELF-MANAGEMENT (CDSMP)				
Face-to-face workshops				Name of sponsoring organization (select all that apply)
Virtual workshops				Name of sponsoring organization (select all that apply)
Face-to-face new Leader trainings		Date of this Leader training (last day)*		Name of sponsoring organization (select all that apply)
Virtual new Leader trainings		Date of this Leader training (last day)*		Name of sponsoring organization (select all that apply)
Tool Kit with telephone workshops				Name of sponsoring organization (select all that apply)

*If you have done more than one training, record the date of the most recent training.

TOMANDO CONTROL DE SU SALUD (SPANISH CDSMP)				
Face-to-face workshops				Name of sponsoring organization (select all that apply)
Virtual workshops				Name of sponsoring organization (select all that apply)
Face-to-face new Leader trainings		Date of this Leader training (last day)*		Name of sponsoring organization (select all that apply)
Virtual new Leader trainings		Date of this Leader training (last day)*		Name of sponsoring organization (select all that apply)
Face-to-face cross-trainings for Leaders				Name of sponsoring organization (select all that apply)
Virtual cross-trainings for Leaders				Name of sponsoring organization (select all that apply)
Tool Kit with telephone workshops				Name of sponsoring organization (select all that apply)

*If you have done more than one training, record the date of the most recent training.

WORKPLACE CHRONIC DISEASE SELF-MANAGEMENT (wCDSMP)				
Face-to-face workshops				Name of sponsoring organization (select all that apply)
Virtual workshops				Name of sponsoring organization (select all that apply)
Face-to-face new Leader trainings		Date of this Leader training (last day)*		Name of sponsoring organization (select all that apply)
Virtual new Leader trainings		Date of this Leader training (last day)*		Name of sponsoring organization (select all that apply)
Face-to-face cross-trainings for Leaders				Name of sponsoring organization (select all that apply)
Virtual cross-trainings for Leaders				Name of sponsoring organization (select all that apply)

*If you have done more than one training, record the date of the most recent training.

TOMANDO CONTROL DE SU SALUD EN LA TRABAJO (SPANISH WORKPLACE CDSMP)				
Face-to-face workshops				Name of sponsoring organization (select all that apply)
Virtual workshops				Name of sponsoring organization (select all that apply)
Face-to-face new Leader trainings		Date of this Leader training (last day)*		Name of sponsoring organization (select all that apply)
Virtual new Leader trainings		Date of this Leader training (last day)*		Name of sponsoring organization (select all that apply)
Face-to-face cross-trainings for Leaders				Name of sponsoring organization (select all that apply)
Virtual cross-trainings for Leaders				Name of sponsoring organization (select all that apply)

*If you have done more than one training, record the date of the most recent training.

DIABETES SELF-MANAGEMENT (DSMP)				
Face-to-face workshops				Name of sponsoring organization (select all that apply)
Virtual workshops				Name of sponsoring organization (select all that apply)
Face-to-face new Leader trainings		Date of this Leader training (last day)*		Name of sponsoring organization (select all that apply)
Virtual new Leader trainings		Date of this Leader training (last day)*		Name of sponsoring organization (select all that apply)
Face-to-face cross-trainings for Leaders				Name of sponsoring organization (select all that apply)
Virtual cross-trainings for Leaders				Name of sponsoring organization (select all that apply)
Tool Kit with telephone workshops				Name of sponsoring organization (select all that apply)

*If you have done more than one training, record the date of the most recent training.

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MANEJO PERSONAL DEL LA DIABETES (SPANISH DSMP)				
Face-to-face workshops				Name of sponsoring organization (select all that apply)
Virtual workshops				Name of sponsoring organization (select all that apply)
Face-to-face new Leader trainings		Date of this Leader training (last day)*		Name of sponsoring organization (select all that apply)
Virtual new Leader trainings		Date of this Leader training (last day)*		Name of sponsoring organization (select all that apply)
Face-to-face cross-trainings for Leaders				Name of sponsoring organization (select all that apply)
Virtual cross-trainings for Leaders				Name of sponsoring organization (select all that apply)
Tool Kit with telephone workshops				Name of sponsoring organization (select all that apply)

*If you have done more than one training, record the date of the most recent training.

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CHRONIC PAIN SELF-MANAGEMENT (CPSMP)				
Face-to-face workshops				Name of sponsoring organization (select all that apply)
Virtual workshops				Name of sponsoring organization (select all that apply)
Face-to-face new Leader trainings		Date of this Leader training (last day)*		Name of sponsoring organization (select all that apply)
Virtual new Leader trainings		Date of this Leader training (last day)*		Name of sponsoring organization (select all that apply)
Face-to-face cross-trainings for Leaders				Name of sponsoring organization (select all that apply)
Virtual cross-trainings for Leaders				Name of sponsoring organization (select all that apply)
Tool Kit with telephone workshops				Name of sponsoring organization (select all that apply)

*If you have done more than one training, record the date of the most recent training.

MANEJO PERSONAL DE DOLOR CRÓNICO (SPANISH CPSMP)				
Face-to-face workshops				Name of sponsoring organization (select all that apply)
Virtual workshops				Name of sponsoring organization (select all that apply)
Face-to-face new Leader trainings		Date of this Leader training (last day)*		Name of sponsoring organization (select all that apply)
Virtual new Leader trainings		Date of this Leader training (last day)*		Name of sponsoring organization (select all that apply)
Face-to-face cross-trainings for Leaders				Name of sponsoring organization (select all that apply)
Virtual cross-trainings for Leaders				Name of sponsoring organization (select all that apply)

*If you have done more than one training, record the date of the most recent training.

CANCER: THRIVING AND SURVIVING (CTS)				
Face-to-face workshops				Name of sponsoring organization (select all that apply)
Virtual workshops				Name of sponsoring organization (select all that apply)
Face-to-face new Leader trainings		Date of this Leader training (last day)*		Name of sponsoring organization (select all that apply)
Virtual new Leader trainings		Date of this Leader training (last day)*		Name of sponsoring organization (select all that apply)
Face-to-face cross-trainings for Leaders				Name of sponsoring organization (select all that apply)
Virtual cross-trainings for Leaders				Name of sponsoring organization (select all that apply)
Tool Kit with telephone workshops				Name of sponsoring organization (select all that apply)

*If you have done more than one training, record the date of the most recent training.

CÁNCER: TRIUNFANDO Y SOBREVIVIENDO (SPANISH CTS)				
Face-to-face workshops				Name of sponsoring organization (select all that apply)
Virtual workshops				Name of sponsoring organization (select all that apply)
Face-to-face new Leader trainings		Date of this Leader training (last day)*		Name of sponsoring organization (select all that apply)
Virtual new Leader trainings		Date of this Leader training (last day)*		Name of sponsoring organization (select all that apply)
Face-to-face cross-trainings for Leaders				Name of sponsoring organization (select all that apply)
Virtual cross-trainings for Leaders				Name of sponsoring organization (select all that apply)

*If you have done more than one training, record the date of the most recent training.

POSITIVE SELF-MANAGEMENT – HIV (PSMP)				
Face-to-face workshops				Name of sponsoring organization (select all that apply)
Virtual workshops				Name of sponsoring organization (select all that apply)
Face-to-face new Leader trainings		Date of this Leader training (last day)*		Name of sponsoring organization (select all that apply)
Virtual new Leader trainings		Date of this Leader training (last day)*		Name of sponsoring organization (select all that apply)
Face-to-face cross-trainings for Leaders				Name of sponsoring organization (select all that apply)
Virtual cross-trainings for Leaders				Name of sponsoring organization (select all that apply)

*If you have done more than one training, record the date of the most recent training.

MANEJO PERSONAL DEL VIH (SPANISH PSMP)				
Face-to-face workshops				Name of sponsoring organization (select all that apply)
Virtual workshops				Name of sponsoring organization (select all that apply)
Face-to-face new Leader trainings		Date of this Leader training (last day)*		Name of sponsoring organization (select all that apply)
Virtual new Leader trainings		Date of this Leader training (last day)*		Name of sponsoring organization (select all that apply)
Face-to-face cross-trainings for Leaders				Name of sponsoring organization (select all that apply)
Virtual cross-trainings for Leaders				Name of sponsoring organization (select all that apply)

*If you have done more than one training, record the date of the most recent training.

BUILDING BETTER CAREGIVERS (BBC)				
Face-to-face workshops				Name of sponsoring organization (select all that apply)
Virtual workshops				Name of sponsoring organization (select all that apply)
Face-to-face new Leader trainings		Date of this Leader training (last day)*		Name of sponsoring organization (select all that apply)
Virtual new Leader trainings		Date of this Leader training (last day)*		Name of sponsoring organization (select all that apply)
Face-to-face cross-trainings for Leaders				Name of sponsoring organization (select all that apply)
Virtual cross-trainings for Leaders				Name of sponsoring organization (select all that apply)

*If you have done more than one training, record the date of the most recent training.

CONVERTIRSE EN MEJORES CUIDADORES (SPANISH BBC)				
Face-to-face workshops				Name of sponsoring organization (select all that apply)
Virtual workshops				Name of sponsoring organization (select all that apply)
Face-to-face new Leader trainings		Date of this Leader training (last day)*		Name of sponsoring organization (select all that apply)
Virtual new Leader trainings		Date of this Leader training (last day)*		Name of sponsoring organization (select all that apply)
Face-to-face cross-trainings for Leaders				Name of sponsoring organization (select all that apply)
Virtual cross-trainings for Leaders				Name of sponsoring organization (select all that apply)

*If you have done more than one training, record the date of the most recent training.

PROGRAMS IN LANGUAGES OTHER THAN ENGLISH OR SPANISH							
Program							
Face-to-face workshops		Language (select all that apply)				Name of sponsoring organization (select all that apply)	
Virtual workshops		Language (select all that apply)				Name of sponsoring organization (select all that apply)	
Face-to-face new Leader trainings		Date of this Leader training (last day)*		Language (select all that apply)		Name of sponsoring organization (select all that apply)	
Virtual new Leader trainings		Date of this Leader training (last day)*		Language (select all that apply)		Name of sponsoring organization (select all that apply)	
Face-to-face cross-trainings for Leaders		Language (select all that apply)				Name of sponsoring organization (select all that apply)	
Virtual cross-trainings for Leaders		Language (select all that apply)				Name of sponsoring organization (select all that apply)	

*If you have done more than one training in other than English or Spanish, record the date of the most recent training.

Additional form for other languages is on the next page
The form online allows you to add as many as needed

PROGRAMS IN LANGUAGES OTHER THAN ENGLISH OR SPANISH							
Program							
Face-to-face workshops		Language (select all that apply)				Name of sponsoring organization (select all that apply)	
Virtual workshops		Language (select all that apply)				Name of sponsoring organization (select all that apply)	
Face-to-face new Leader trainings		Date of this Leader training (last day)*		Language (select all that apply)		Name of sponsoring organization (select all that apply)	
Virtual new Leader trainings		Date of this Leader training (last day)*		Language (select all that apply)		Name of sponsoring organization (select all that apply)	
Face-to-face cross-trainings for Leaders		Language (select all that apply)				Name of sponsoring organization (select all that apply)	
Virtual cross-trainings for Leaders		Language (select all that apply)				Name of sponsoring organization (select all that apply)	

*If you have done more than one training in other than English or Spanish, record the date of the most recent training.

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LEADER FACILITATION SKILLS REFRESHER TRAINING				
Face-to-face Refresher training in English				Name of sponsoring organization (select all that apply)
Face-to-face Refresher training in Spanish				Name of sponsoring organization (select all that apply)
Face-to-face Refresher training in another language		Language used in training (select all that apply)		Name of sponsoring organization (select all that apply)
Virtual Refresher training in English				Name of sponsoring organization (select all that apply)
Virtual Refresher training in Spanish				Name of sponsoring organization (select all that apply)
Virtual Refresher training in another language		Language used in training (select all that apply)		Name of sponsoring organization (select all that apply)

If you have not conducted any Leader trainings during this report year, complete the following (this question will only appear if you have not reported any Leader trainings so far):

If you have not conducted any Leader trainings during this report year, complete the following (this question will only appear if you have not reported any Leader trainings so far):		
Enter the ending date of the last training of new Leaders that you conducted in any year. If you do not remember the exact date of the last day of the training, please enter your best estimated date	4-day face-to-face	
	13-session virtual	

I have not yet done a training for new Leaders since being trained as a Master Trainer.

Did anything take place during your workshops that you considered a problem? Please tell us in detail!

Is there anything else you would like to tell us?