License Upgrade Request for Self-Management Programs
Nonprofit and Public Agencies

License ID#  
Legal Name of Organization:  
(as it appears on your license)

Address:  
City:  
State/Province:  Zip/Postal Code:  Country (If not USA)  

Name of Program Manager/Administrator:  
E-mail address:  Phone:  

This application is to:

Convert $500 license to a $1500 license for 60 combined workshops/3 trainings .......................................................... $1500 fee

Add additional Programs to our license (please mark your program selection below)

☐ Building Better Caregivers (BBC)*  ☐ Diabetes Self-Management Program (DSMP)
☐ Cancer: Thriving and Surviving (CTS)*  ☐ Positive Self-Management Program (HIV. PSMP)*
☐ Chronic Disease Self-Management Program (CDSMP)*†  ☐ Tomando Control de su Salud (Spanish CDSMP)
☐ Chronic Pain Self-Management Program (CPSMP)*  ☐ Manejo Personal de la Diabetes (Spanish DSMP)
* Includes translations of these programs
† Includes Workplace CDSMP (wCDSMP)

Purchase additional workshops at $25 ea .......................................................... number: ________ Total $ ________

Purchase additional Leader trainings (please mark your program selection below)

$200 per Leader training if you do not accept any paying participants...........number: ________ Total $ ________
$400 per Leader training if you do accept any paying participants ..........number: ________ Total $ ________

Email invoice to:

Name of person:  Email:  

TOTAL AMOUNT TO BE INVOICED (USD): $ __________

Name of Person Submitting Application  
(complete only if different from above)

Email Address:  Phone:  

If you want to upgrade to an umbrella license, contact SMRC: licensing@selfmanagementresource.com

SMRC tax ID: 81-4692678

Email completed form to licensing@selfmanagementresource.com or Fax to (650) 529-4616