



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

Type directly into this form, save it, and email it to [licensing@selfmanagementresource.com](mailto:licensing@selfmanagementresource.com)

License ID#  
(as it appears on your license)

Legal Name of Organization:

Address:

City:

State/Providence:

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)\*<sup>‡</sup>

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

<sup>‡</sup> 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 an umbrella license, contact SMRC

**SMRC tax ID: 81-4692678**

**Email completed form to [licensing@selfmanagementresource.com](mailto:licensing@selfmanagementresource.com) or Fax to (650) 529-4616**