



Offsite Training Request

Type directly on 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, Tomando, Diabetes English or Diabetes Spanish.
Available combos: CDSMP/DSMP or Tomando/Manejo Personal de la Diabetes):

Full Training
(4.5 days)

Cross-Training
(1-2 days)

Chronic Disease Self-Management Program (CDSMP)

Tomando Control de su Salud (Tomando)

Diabetes Self-Management Program (DSMP)

Manejo Personal de la Diabetes (Manejo)

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

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.:

Email address

5 Location of training if different from location of hosting organization:

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

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