



2017 Trainer's Annual Report Questions Asked on the Online Form

Please be prepared when you submit your report!

You must submit your report online! Do not send us your report in any other form!

Enter your Trainer's ID# (found in the email you received from us)

Your first name

Your last name

Your email address

Your highest level of certification – Master Trainer, T-Trainer or Certifying T-Trainer

No longer a trainer? Check here if you are no longer active as a trainer in ALL of the programs and wish to be changed to "Inactive" status as a trainer.

Name of your organization

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.)

Name of the contact person responsible for the organization's license

Street Address of the organization holding the license

City of the organization holding the license

State/Province of the organization holding the license

Zip/Postal Code of organization holding the license

1. How many of the following trainings or participant workshops did you conduct in the last calendar year (January 1 through December 31)?

- Participant Workshops, all programs
- Leader Trainings, all programs (4-day training of new Leaders)
- Update Trainings (update Leaders for revised program); DSMP, Programa de Manejo Personal de la Diabetes, and Building Better Caregivers only.
- Cross-Trainings (cross-train Leaders to an additional program), all programs
- Master Trainings (train Master Trainers), all programs

- T-Trainer Apprenticeships, all programs (by Certifying T-Trainers only)
- Leader Refresher Trainings (This is NOT an update training for the new DSMP or other programs, but a 1-day refresher, where facilitation techniques are discussed in small groups with videos. Refresher trainings do not count toward maintaining your certification.)

2. Tell us how many of the following workshops and trainings you facilitated in each category during the last calendar year (January 1 through December 31)?

(see the next page)

	Participant Workshops	Leader Trainings (4-day training)	Update Trainings (update Leaders in a revised program)	Cross-Trainings (cross-train Leaders to an additional program)	Master Trainings (by T-Trainers or Certifying T-Trainers only)	T-Trainer Apprenticeships (by Certifying T-Trainers only)	Name(s) of Licensed Organization(s)
CDSMP							
Workplace CDSMP (wCDSMP)							
DSMP (Diabetes)							
CPSMP (Pain)							
PSMP (HIV)							
Cancer Thriving and Surviving (CTS)							
Building Better Caregivers (BBC)							
Tomando Control de su Salud (Spanish CDSMP)							
Programa de Manejo Personal de la Diabetes (Spanish DSMP)							
Programa de Manejo Personal de Dolor Crónico (Spanish translated pain)							
Vivir Más Sano Con VIH (Spanish translated PSMP)							
Cáncer: Triunfando y Sobreviviendo (Spanish translated CTS)							
Convertirse en Mejores Cuidadores (Spanish BBC)							

3. Enter the ending date of your MOST RECENT 4-day Leader Training or 4.5-day Master Training that you facilitated since January 1 of last year (include this year). If you have not done one of these yet, type "None"

- 4-day Leader training date
- 4.5-day Master Training (T-Trainers only) date

4. Check here if you are not receiving emails from the Trainers list serve. Subscribing to the list serve is required for all certified Trainers. If you wish to continue as a Trainer, we will subscribe you to the list at the email address you gave above.

- I'm not getting the list serve emails. Subscribe me to the Trainers list serve!
- I no longer wish to remain a Trainer for the SMRC programs. Please change my certification status to "Inactive" and unsubscribe me from the list serve.
- Thanks, but I am already getting the emails from the list serve!