**Chronic Disease Self-Management Leader Training**

Application Form

**1. Program Licensure**

In order to participate in this training, you must be affiliated with an organization that is licensed by Self Management Resource Center (SMRC) to deliver the Chronic Disease Self-Management Program (CDSMP). Please indicate your organization’s status below.

My organization holds a current Chronic Disease SMP license: Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My organization is partnering with an organization that holds a current SMRC CDSMP license, a letter of agreement describing our partnership is attached to this application. Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

My organization has applied for a SMRC CDSMP license and expects to complete paperwork before the leader training. Date to be completed: \_\_\_/\_\_\_/\_\_\_\_

For detailed information regarding program licensure, please visit <https://www.selfmanagementresource.com/licensing/licensing-procedure-policies/> or contact the Self Management Resource Center at 1-650-242-8040 Ext 406. Please note that training cannot be provided to individuals who are not affiliated with a licensed organization.

**2. Organizational Questions (to be filled out by the representative from the local organization under which the leader will operate)**

Please answer the following questions about your organization.

1. How does **CDSMP** fit into your organization’s long-range plans for supporting people with chronic conditions in your community?
2. Describe staff roles within your organization and how staff can dedicate time to promote and coordinate **CDSMP** programs twice a year, and support lay leaders (community volunteers).

3. Newly trained Leaders should deliver their first program within 2-6 months of this training. Please indicate the approximate date and location for the first program your newly trained Leader(s) will be involved in leading. Date: \_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsoring Agency signature Title Date

**3. Applicant Information (please duplicate this page as needed)**

Name of Leader applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Leader Training you are applying for? Class Type: **CDSMP Virtual Leader Training**

**Location**: \_*Virtual \_*\_\_\_\_\_ Date:\_\_ *March 29, 2024 – April 10, 2024*

Are you a Lay Leader (non health/social service professional)? Yes\_\_\_\_ No \_\_\_\_\_

Are you living with **chronic conditions**? Yes \_\_\_\_ No \_\_\_

Have you attended a Living Well program as a participant? Yes \_\_\_ No \_\_\_\_

Sponsoring Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Title/Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Address\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Phone\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*This is where you can be contacted and where you want any materials sent.

1. Briefly describe your interest in participating in this program.
2. Do you anticipate any barriers to leading two workshops a year (work or family obligations, transportation, health, etc.)? If yes, please explain.

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Applicant Signature Title Date

Accommodations requested:

Sign language interpreter

FM System (for hearing impairment)

Wheelchair-height tables

Large print training materials

Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please email completed applications to Health Promotion at health.promotion@nwsds.org OR Fax to: 503-304-3465 Attn: Lavinia Goto**