

650 723-7935 (voice) 650 725-9422 (fax) self-manage-licensing@stanford.edu http://patienteducation.stanford.edu

REQUEST FOR MULTI-CHOICE SELF-MANAGEMENT PROGRAM LICENSE

Legal Name of Organization:				
Mailing Address:				
Person Authorized to Sign License:		Title:		
Name of Program Manager/Administrate (license & leader's manual will be sent to				
Address: (if different from above)				
Phone No:		Fax No:		
E-mail address:				
This application is for:	\$1000 license for up to 65 workshops (combined) and 4 Leader trainings \$1500 license for up to 100 workshops (combined) and 6 Leader trainings Contact Office of Technology Licensing for more than 120 workshops			
Program Selections:				
Chronic Disease Self-Management Program		Chronic Pain Self-Management Program		
Diabetes Self-Management (English)		Tomando Control de su Salud (Spanish CDSMP)		
Positive Self-Management Program		Manejo Personal de la Diabetes (Spanish Diabetes)		
Cancer: Thriving and Surviving (also Spanish) Arthritis Self-Management Program		Manejando su Salud con VIF	I/SIDA (Spanish HIV)	ı
TOTAL ENCLOSED (check payable to STANFORD UNIVERSITY in US Stanford University Tax ID: 9			\$	US
Trainers have been trained in above selected Programs		Trainers will be trained in above selected Programs		
Training Location: Stanford Other	(specify):			
Training Dates:				
Name of Person Submitting Application:				
Phone No.:	Email address:			