



Patient Education Research Center
 Stanford University School of Medicine
 1000 Welch Rd, Suite 204
 Palo Alto, CA 94304

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

License Upgrade Request for Stanford Self-Management Programs

Legal Name of Organization
 (as it appears on your license)

Address:

City:

State/Providence:

Zip/Postal Code:

Country (If not USA)

Name of Program Manager/Administrator:

E-mail address:

This application is to:

Purchase additional leader trainings @ \$100 per training: number of additional trainings

Add additional Programs to our multi-program license (*please mark your program selection below*)

Convert our single program license to a multi-program license (*please mark your program selection below*)

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 (also Spanish)

Manejo Personal de la Diabetes (Spanish Diabetes)

Arthritis Self-Management Program

Cancer: Thriving and Surviving (also Spanish)

We currently have a:

\$500 license and wish to convert to a \$1000 license - 65 combined workshops/4 trainings**Remit \$500**

\$500 license and want to convert to a \$1500 license - 100 combined workshops/6 trainings.....**Remit \$1000**

\$1000 license and want to convert to a \$1000 license – 65 combined workshops/4 trainings.....**No charge**

\$1000 license and want to convert to a \$1500 license - 100 combined workshops/6 trainings...**Remit \$500**

Email invoice to:

Name of person:

Email Address:

Name of Person Submitting Application:
 (complete only if different from above)

Email Address:

Phone No.:

Email completed form to self-manage-licensing@stanford.edu or Fax to (650) 725-9422