



Patient Education Research Center
 Stanford University School of Medicine
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REQUEST FOR SELF-MANAGEMENT PROGRAM LICENSE

Legal Name of Organization

Mailing Address:

Person Authorized to Sign License:

Title:

Send license & manual to:

Title:

Address:

Phone#:

Fax#:

E-mail address:

License Level (fee is per Program): \$500 license for up to 10 workshops per year
 \$800 license for up to 20 workshops per year
 \$1000 license for up to 30 workshops per year
 Contact Stanford for more than 30 workshops

<i>This application is for:</i>	<i>No. Workshops</i>	<i>License Fee(s)</i>	
Chronic Disease Self-Management Program		\$	USD
Tomando Control de su Salud (Spanish CDSMP)		\$	USD
Diabetes Self-Management Program		\$	USD
Tomando Control de su Diabetes (Spanish Diabetes)		\$	USD
Positive Self-Management Program (HIV)		\$	USD
Manejando su Salud con VIH/SIDA (Spanish HIV)		\$	USD
Other:		\$	USD

Subtotal License Fee(s) \$ USD

Apply \$250 discount for STANFORD ARRANGED TRAINING ONLY \$ USD
(one discount per program if training was conducted/or arranged by Stanford)

TOTAL ENCLOSED (*check payable to STANFORD UNIVERSITY, in US Dollars*) \$ USD
Stanford University Tax ID: 94-1156365

Training Location: Stanford Other

Training Dates:

Name of Person Submitting Application:

Phone No.

**THIS FORM IS NOT A LICENSE! You will receive a program license to sign and return
 PLEASE RETURN COMPLETED FORM WITH PAYMENT TO THE ABOVE ADDRESS**