



Living Healthy Peer Leader Training Chronic Disease Self Management Program - CDSMP

September 20, 21, 27 & 28, 2010

Location: Tamarac Multipurpose Center
7531 N University Drive, Room # 2, Tamarac, 33321

Peer Leader APPLICATION

NAME _____

EMAIL _____

PHONE #: _____ Work phone _____

Address _____

City _____ Zip _____

Home phone _____ Work phone _____

Do you have a chronic health condition? Yes No
If yes, please specify: _____

Do you have any training as a health professional? Yes No
If yes, please specify: _____

Leader agreement: After completing the 4 day CDSMP training for Peer Leaders and co-leading a HL workshop, you will be certified to co-facilitate “Healthy Living” workshops in your community.

Trained leaders are required to make a commitment to teach the Chronic Disease Self-Management Program. Course leaders are employees / volunteers of _____. As a volunteer you will be compensated for expenses of commuting and other incidentals incurred while teaching the course according to _____ guidelines.

Leaders must teach the course **only** as outlined in the course manual.
I will teach in strict accordance with the course as written in the Leaders Manual, and as taught at the leaders training. I will attend all four days of the leaders training.

Signature

Date

RETURN APPLICATION FORM BY September 10th, to: Karin Diaz – ADRC 5300 Hiatus Road, Sunrise FL 33351; fax: 954-745-9584 or email: diazk@elderaffairs.org