



Chronic Disease Self-Management Program (CDSMP)

Peer Leader Application

Name _____ E-mail _____

Address _____ Date of Birth _____

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 four day CDSMP training for Peer Leaders, you will be certified to co-facilitate “Living a Healthy Life” 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 Elder Options. As a volunteer you will be compensated for expenses of commuting and other incidentals incurred while teaching the course according to Elder Options’ 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 Leader’s Manual, and as taught at Leader’s Training. I will attend all four days of Leader’s Training.

Signature

Date

RETURN APPLICATION TO: Elder Options, Attn: Betty Flagg
5700 SW 34th Street, Suite 222
Gainesville, FL 32608

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E-mail: flaggb@agingresources.org