Coastal Regional Commission Area Agency on Aging
127 F Street
Brunswick, GA 31520
912.262.2313 (FAX)

Chronic Disease Self-Management Leader Application

Write your training dates_____

CONTACT INFORMATION:

Name: _____

Address: _____ Home _____ Work

_____

_____

Phone: _____ Fax: _____

Email: _____

_____ I have a chronic condition. (Please specify) _____

There is no cost for organizations partnering with the Coastal Area Agency on Aging; for all others registration fee is $100. Please enclose $100 per person for the training. We accept cash or checks. Checks should be made payable to Coastal Regional Commission AAA and sent to the above address. Please fax registration form to 912.262.2313.

LICENSING

Name of Organization you are representing: _____

Is the organization that you are representing currently licensed by Stanford University for the Chronic Disease Self- Management Program?

No _____ Yes _____ Date of License: _____

Or is your organization working in partnership with the Coastal Regional Commission Area Agency on Aging and offering the program under the AAA's license?

No _____ Yes _____

SPECIAL REQUESTS

On training dates : Disabilities accommodations or other special request including vegetarian lunch (please specify):

_____

_____

I wish to register for this training and I certify that the above information is correct. I understand that I must attend all sessions of the training to receive my certification as a group leader.

_____ _____

Trainee Signature ***Date***