**Living Well with Chronic Pain**

**Cross Training Application**

**(For leaders who have completed the 4 day-Living Well with Chronic Conditions leader training)**

Sponsored by Deschutes County Health Services,

Living Well Central Oregon, and Central Oregon Health Council

**When: December 1 and 2, 2016**

**Where: Deschutes Children’s Foundation, East Campus, Conf. Room**

**2125 NE Daggett Lane**

**Bend, OR 97701**

**9:00 AM – 4:00 PM each day**

1. **PROGRAM LICENSURE**

In order to participate in this training, you must be affiliated with an organization that is licensed by Stanford to deliver the **Chronic Disease Self-Management Program** (CDSMP). In Oregon this program is called “Living Well with Chronic Conditons.” Please indicate your organization’s status below.

* My organization holds a current multi-program license.
* My organization is partnering with an organization that holds a current Stanford multi-program license. (Deschutes County is the Licensee for all Stanford self-management programs offered in Central Oregon)
* My organization has applied for a Stanford multi-purpose license and expects to complete paperwork before the leader training.

For detailed information regarding program licensure, please visit <http://patienteducation.stanford.edu/licensing/> or contact the Stanford University Patient Education Research Center at 650-723-7935. Please note that training cannot be provided to individuals who are not affiliated with a licensed organization

1. **Organizational questions (to be answered by the organization sending an individual for leader training, when applicable).**
2. How does the Chronic Pain Self-Management Program fit into your organization’s long range plans for supporting people with chronic conditions in your community?
3. Describe staff roles within your organization and how staff can dedicate time to promote and coordinate the Chronic Pain Self-Management programs.
   1. Newly trained leaders should deliver their first program within six months of the training. Please indicate the date and location for the first program your newly trained leaders will be involved in leading.

Sponsoring Agency Signature Title Date

Applications must be received by Nov. 1, 2016

Applicants will be notified by Nov. 2, 2016

**Please send applications to Brenda Johnson at**

**Email:** [**brendajohnson510@gmail.com**](mailto:brendajohnson510@gmail.com) **fax: (541) 385-1742**

**Or mail: Deschutes County Health Services Att: Brenda Johnson,**

**Living Well Coordinator, P O Box 6005, Bend, OR 97708-6005**

Questions? Please call or email Brenda Johnson at (541) 541-350-2912 (cell)

1. Applicant Information (please duplicate this page as needed)

Name of Leader applicant:

Date of Training:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you be a lay leader? (non health/social service professional) ? Yes No   
Are you living with a chronic condition(s)/chronic pain? Yes No  
Have you attended a 6-week Living Well program as a participant? Yes No

Title/Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sponsoring Agency:

Address:

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:

Briefly describe your interest in participating in this program and how this relates to the licensed organization.

1. Do you anticipate any barriers to leading two workshops per year (work, or family obligations, transportation, health, etc. If yes, please explain.

Applicant Signature Title Date

Accommodations requested:

🞏 Sign language interpreter

🞏 FM System (for hearing impairment)

🞏 Wheelchair-height tables

🞏 Large print training materials

🞏 Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_