

CDSMP Collaborative Class Listing Template

Name of Person Completing this Form	
Phone Number of Person Completing this Form	
Email Address of Person Completing this Form	
Organization Holding the License	

Exact Name of Your Class	
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Types of Classes:

- Chronic Disease Self-Management Program,
- Diabetes Self-Management Program,
- Chronic Pain Self -Management Program,
- Tomando Control de su Salud,
- Tomando Control de su Diabetes,
- Positive Self-Management Program,
- Cancer: Thriving and Surviving,
- Other: Please Specify Above

Organizational Info	
Organization Name	
Organization Contact	
Organization Address	
Organization City, State, Zip	
Organization Contact Email	
Organization Phone Number	

Site Information	
Site Name	
Site Contact	
Site Address	
Site City, State, Zip	
County	
Suite Number or Classroom Name	
Site Phone Number for Emergencies	
Site Contact Email	
Site Number if Assigned	

Class Information	
Number of Sessions	
Start Date of Class	Last Day of Class
Day of Week	
Start Time of Class	End Time of Class
Special Instructions	
Cost	
Cost Line 2 (if needed)	
Cost Line 3 (if needed)	

Registration Information	
Registration Contact Name and Phone Number	
Internal Comments	
Website Comments	

Leader Information	
Leaders Name(s)	
Paperwork Required for this Class	
Paperwork Comments	
Fidelity Visit Needed	



Please return completed form to COAW:

- **Fax - 303-984-5962**
- **Mail - 2575 S. Wadsworth Blvd., Lakewood, CO 80227**
- **Email - info@COAW.org**