



Take Control of Your Health

Peer Leader Contact Information and Training Verification

Site Name	County	Training Dates	Host Organization
Address	City	Zip Code	
Master Trainer	Master Trainer	Master Trainer	

Program Type: Chronic Disease Self-Management Program Tomando Control De Su Salud
 Diabetes Self-Management Program Manejo Personal de la Diabetes Cancer Thriving and Surviving

Language

NAME OF PEER LEADER	STREET ADDRESS, CITY, ZIP	AGENCY	COUNTY	TELEPHONE NUMBER AND E-MAIL ADDRESS	ATTENDANCE DAY			
					1	2	3	4