

**Arthritis & Chronic Disease Program
LEADER TRAINING ROSTER**

Leader Update Yes No



Course Offering: <input type="checkbox"/> CDSMP <input type="checkbox"/> Arthritis Exercise <input type="checkbox"/> Tomando Control <input type="checkbox"/> Walk With Ease (Grp) <input type="checkbox"/> Diabetes (DSMP) <input type="checkbox"/> Other _____	Trainer(s): Training Date(s):	Lead Organization: _____ RAC: _____ License Holder/Sponsor: <input type="checkbox"/> DHSS <input type="checkbox"/> Other, specify _____
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Site where the training was held: Site Name _____ Address _____ City _____ Zip Code _____	Hosting RAC Region & County:
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PLEASE PRINT					ASSIGNED RAC REGION (To be completed by RAC)	
PARTICIPANT NAME	PARTICIPANT ADDRESS	COUNTY	PHONE NUMBER & E-MAIL ADDRESS	DELIVERY SYSTEM	1 st Class Scheduled	Leader Agreement
1					<input type="checkbox"/>	<input type="checkbox"/>
2					<input type="checkbox"/>	<input type="checkbox"/>
3					<input type="checkbox"/>	<input type="checkbox"/>
4					<input type="checkbox"/>	<input type="checkbox"/>
5					<input type="checkbox"/>	<input type="checkbox"/>
6					<input type="checkbox"/>	<input type="checkbox"/>
7					<input type="checkbox"/>	<input type="checkbox"/>
8					<input type="checkbox"/>	<input type="checkbox"/>
9					<input type="checkbox"/>	<input type="checkbox"/>
10					<input type="checkbox"/>	<input type="checkbox"/>