

SMPG FACILITATOR/TRAINER DIRECTORY FORM

APPLICANT INFORMATION

Name:

Current address:

City:

State:

ZIP Code:

Country:

Phone:

Email:

FACILITATOR

Please choose which apply:

Facilitator

Master Facilitator

Facilitator Trainer

I was trained as a facilitator by:

Date trained: _____

Comments:

SIGNATURES

With my signature I acknowledge that the information submitted herein is truthful and accurate.

Signature of applicant:

Date:

Approved by:

Date: