

Michigan Department of Community Health
Division of Chronic Disease & Injury Control
Diabetes & Other Chronic Diseases Section
Washington Square Bldg. 7th Floor
109 Michigan Ave
Lansing MI 48913

Diabetes Self-Management Training Program (DSMTP)
Program Coordinator/Status Change Form

DSMTP Name _____

Date _____

1. **Changes in Program Coordinator.** **Submit** documents that verify that the new coordinator meets the experiential and/or academic requirements outlined in standards 4 and 5.

New Program Coordinator

Contact Information

Name _____ Phone # _____

Date Hired _____ Fax # _____

Email Address _____

Previous Coordinator's Name _____

2. **Changes in program site(s)** circle one Primary Site Satellite site

Address, City, Zip _____

Phone Number _____

Fax _____

E-Mail Address _____

Addition of Satellite
Address _____

Phone _____ Fax _____

E-mail _____

3. **Component additions**

Gestational

Pediatrics

Continuous Insulin Infusion

Other _____

4. **Other significant change** _____

Coordinator Signature: _____