



GROUP LIFESTYLE BALANCE™ MASTER TRAINER APPLICANT INFORMATION		
Last Name	First	Date
Street Address	Apartment/ Unit #	
City	State	ZIP
Phone	E-mail Address	
Please indicate whether contact information is for: <input type="checkbox"/> Work <input type="checkbox"/> Home		
Present Position/Title	Organization/ Employer	

EDUCATION		
School/University	Year Graduated	Degree(s)

CURRENT AND PREVIOUS EXPERIENCE
<i>Please list up to three work-related experiences most relevant to this application:</i>
1) Organization:
Responsibilities:

2) Organization:

Responsibilities:

3) Organization:

Responsibilities:

PERSONAL STATEMENT

Please briefly describe (2-3 paragraphs) your experience and success in delivery of the DPP-GLB program or other CDC approved DPP curriculum (include number of groups taught, average weight loss noted, general attendance, etc.)

SETTING

Please briefly describe the setting in which and audience for whom you will be providing DPP-GLB training:

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

Signature

Date