

Collaborative Problem Solving Dissemination Verification

1. My Name:

2. My Professional Address:

3. My Phone
Number:

4. My Email Address:

5. My
Profession:

6. I have attended the following conferences on the CPS model:

7. I am trying to implement the CPS model in:

____ my clinical practice
____ my system or facility (please specify type of system or
facility_____)

8. I am exposing others to the CPS model via:

____ public presentations (please specify audience
composition_____)
____ I am/am not getting reimbursed for this training beyond
my regular pay
____ published work (please include a copy of the material with this
form)

**Thank you for taking the time to complete this form. Please mail it
to:**

**Center for Collaborative Problem Solving
313 Washington Street, Suite 402
Newton, Massachusetts 02458
or FAX it to us at (617) 965-3080.**