



Peer Visitor Training Request Form

Peer visitor trainings primarily take place at partner hospitals/rehab facilities. However, if you are a support group in a region currently without a partner facility, please use this form to request training in your area. The peer visitor advisory committee will review all requests and screen them based on current program goals – specifically, the need for additional CPVs in a given region, as well as the likelihood for new CPVs to receive referrals. Support groups are expected to find funding for (or cover the costs) associated with training.

Once complete, please submit this form to jcantrell@amputee-coalition.org. Note that requests will be approved only if it is determined that there is a need for additional peer visitors in a given area and that provisions are in place to receive referrals from area hospitals/rehab facilities.

Support Group Name:	
Support Group Location (City/State):	
Support Group Leader:	
Leader Phone:	Leader E-mail:
Estimated number of training attendees:	
List hospital/rehab facilities that will provide referrals (required):	
Name of primary contacts at the hospital/rehab facilities, if applicable:	
Contacts' phone:	Contacts' e-mail:
Have you identified a trainer in your area? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please list:	
Please describe the need for CPVs in your area (e.g. number of new amputees and lack of support available):	