

Master Trainer Agreement and Certification Form

(Please select the applicable program(s) from the following list)

- | | |
|--|---|
| <input type="checkbox"/> Chronic Disease Self-Management Program | <input type="checkbox"/> Tomando Control de su Salud |
| <input type="checkbox"/> Diabetes Self-Management Program | <input type="checkbox"/> Manejo Personal de la Diabetes |
| <input type="checkbox"/> Arthritis Self-Management Program | <input type="checkbox"/> Manejo Personal de la Artritis |
| <input type="checkbox"/> Positive Self-Management Program | <input type="checkbox"/> Spanish Positive Self-Management Program |
| <input type="checkbox"/> Chronic Pain Self-Management Program | |

The Self-Management Programs listed above ("Program(s)") were created by Dr. Kate Lorig, Diana Laurent, and Virginia González at Stanford University to teach patients how to manage their physical conditions.

Stanford-licensed organizations presently conduct training sessions for health care professionals and non-professionals to become Program Leaders. Program Leaders are qualified to guide patients through the Program. Stanford conducts and coordinates onsite and offsite training sessions for health care professionals to become Master Trainers of Program Leaders. A Master Trainer is qualified to train Program Leaders how to guide patients through the Program.

As a qualified Master Trainer, Stanford grants you permission to train Program Leaders for health education purposes subject to the terms and conditions stated in this letter, including that:

1. You may conduct Leader Trainings without coordinating with Stanford. Before you train any group of individuals as Leaders you must ensure that all organizations that employ them (regardless of compensation they may or may not receive) have a Stanford program license. No one may come to a Leaders' Training from an organization without a license or as an individual working independently. All licenses must be obtained **before** training. Guidelines on what is required of you for Leader Trainings are outlined below.
2. There must always be 2-certified in good standing Master or T-Trainers to conduct Leader Trainings.
3. There are no Stanford training fees for Leader Trainings. You may charge individuals whom you train only a reasonable cost-reimbursement fee for your training.
4. You provide Stanford an **annual report** listing (1) **the organizations whose employees / volunteers you have trained as Leaders** and (2) **the cost reimbursement fee you charged**. This report is due each year on the anniversary of the date of this letter. **Email report to Mirna Rosas, mirsanch@stanford.edu.**
5. While you are granted permission to reproduce copies of the program materials for use in your training, Stanford retains ownership of the copyright to the Program. You agree that all copies of the Program materials contain the appropriate copyright proprietary notice, "Copyright © [Year of Copyright], Stanford University" on the flyleaf of the Program.
6. You may not provide organizations that are hosting trainings copies of Leader or Master Trainer manuals for reproduction. Stanford provides manuals to organizations once they purchase program licenses or pay applicable training fees.
7. Except with respect to any copyright notice provided in paragraph 4 above, you make no use of any name or insignia used by Stanford University or any of its related institutions without the express written consent of Stanford University.

8. You provide Program Leader training at your own risk. Stanford will not be liable for any damages with respect to any claim by you or any third party on account of your conducting of Program Leader training, your use of the Program, or your use of the Program materials, and you will indemnify and hold Stanford University harmless from any claims related to your conducting of Program Leader training, your use of the Program, or your use of the Program materials.
9. **To remain an authorized Master Trainer**, you must “Conduct the first 4-day Leader training within 18 months of original training”. “Every 12 months from certification date, conduct either a 4-day Leader Training or a 6-week series of community workshops. This applies to each program for which MT is certified. Every 2 years MT must conduct one full Leader Training in one (any) program for which MT is certified” “If inactive in any program for a period of 12 months (have not facilitated community workshops or Leader Trainings) MT needs to be re-trained”
10. Stanford may terminate this permission at its discretion at any time upon written notice to you.

If you agree to the terms set forth above, check the appropriate option below sign this letter in the space provided and return both pages to the Stanford Patient Education Research Center, 1000 Welch Road, Suite 204, Palo Alto CA 94304, USA. **ATTN: This agreement/certification form will be countersigned by Dr. Lorig and a copy returned to you. You may not conduct Leader’s Training until you have received the final, signed document.**

- I have facilitated at least two (2) workshops (if trained in one program)
- I have facilitated at least three (3) workshops (if trained in two programs)
- I have facilitated at least four (4) workshops (if trained in three programs)

I, _____, have facilitated workshops as indicated above. I agree to and acknowledge all the information in this document.

Details of workshops facilitated: _____
 _____ Inclusive Dates _____ Program

Details of workshops facilitated: _____
 _____ Inclusive Dates _____ Program

Details of workshops facilitated: _____
 _____ Inclusive Dates _____ Program

Print Your Name: _____ Signature: _____ Date: _____

Address: _____

Telephone: () _____ Fax: () _____ Email: _____

Dates trained as Master Trainer (mm / dd to dd / yyyy): _____

City, State or Province, Country trained as Master trainer: _____

Names of your T-Trainers: _____ and _____

-----**FOR STANFORD USE ONLY**-----

Department Approval:

Kate Lorig, R.N., Dr.P.H.
Professor

Date Received _____ **Effective Date of Certification** _____