Master Trainer Agreement and Certification Form for Additional Program
Submit one form for each Program no later than 1 month from completion of certification requirements

Select one additional applicable program* from the following list:

- Tomando Control de su Salud
- Diabetes Self-Management Program
- Manejo Personal de la Diabetes
- Chronic Pain Self-Management Program
- Positive Self-Management Program
- Cancer: Thriving and Surviving Program
- Building Better Caregivers

* including translations of these programs

The Self-Management Programs listed above ("Program(s)"") were originally created by Dr. Kate Lorig, Diana Laurent, and Virginia González at Stanford University to teach patients how to manage their health in the face of challenges to their health.

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 and non-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 certified Master-Trainer, Stanford grants you permission to train Program Leaders in the additional program listed above for health education purposes, subject to the terms and conditions stated in this document, including that:

**Leader Training**

1. You may conduct Leader Trainings, Cross-Trainings and Update Trainings without coordinating with Stanford. Before you train any group of Leaders in the program listed above, 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 Leader Training, Cross-Training, or Update 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 active Master or T-Trainees to conduct Leader Trainings, Cross-Trainings and Update Trainings. See Certification Guidelines for requirements to remain active.

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. 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 Programs. You agree that all copies of Program materials contain the appropriate copyright proprietary notice, such as “Copyright © 2012, Stanford University”, on the title page of the Program manual. Manuals should be printed as provided by Stanford, with the exception of the cover. Your organization may brand the cover.

5. You may **not** provide organizations that are hosting trainings copies of Leader’s or Master Trainer’s, Cross-Training, or Update Manuals for reproduction. Stanford provides manuals to organizations once they purchase program licenses or pay applicable training fees.

6. You provide Program 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 training, your use of the Program(s), 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(s) training, your use of the Program(s), or your use of Program materials.

Stanford Patient Education Research Center
http://patienteducation.stanford.edu
Other Requirements

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 Stanford an annual report stating your Program(s) activities during the calendar year. Annual Reports are submitted online by April 1 each year for the previous calendar year.

9. To remain a certified Master Trainer for this Program, you must complete certain Program trainings and workshops in accordance with the requirements in the Certification Guidelines posted on our website. 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 box for the appropriate program above, complete and sign this form in the spaces provided below, and return both pages to self-manage-certification@stanford.edu, or fax to 650-725-9422.

ATTN: This agreement/certification form will be countersigned by Dr. Lorig and a copy returned to you. You may not conduct any Leader’s Training until you have received the final, signed document.

I, _____________________________, have facilitated the following workshop for the additional program listed above within 12 months after my cross-training as shown below. I agree to and acknowledge all the information in this document.

Details of workshop facilitated: ___________________________________________  ___________________________________________

Inclusive Dates (From/To)  Program

Print your name: __________________________________________

Signature: ____________________________ Date: ____________________________

Address: __________________________________________

City, State/Province, Country: __________________________________________

Telephone: ( ) ______ ________ cell: ( ) ______ ________ Email: __________________________

Dates Cross-Trained online (mm/dd/yyyy): ______________ T-Trainer’s name: __________________________

Dates Cross-Trained in person (mm/dd-yyyy): ______________ Training City, State/Province, Country: __________________________

Trainers’ names (if in person): __________________________ and __________________________

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

Department Approval

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__ Kate Lorig, Dr.P.H.  Date Received  Effective Date of Certification

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