

## **Agreement and Certification Form for New Master Trainer**

**Must be submitted no later than 1 month from completion of certification requirements**

Select one applicable program\* from the following list:

- |  |   |
|--|---|
| <input type="checkbox"/> Chronic Disease Self-Management Program | <input type="checkbox"/> Chronic Pain Self-Management Program   |
| <input type="checkbox"/> Tomando Control de su Salud             | <input type="checkbox"/> Positive Self-Management Program       |
| <input type="checkbox"/> Diabetes Self-Management Program        | <input type="checkbox"/> Cancer: Thriving and Surviving Program |
| <input type="checkbox"/> Manejo Personal de la Diabetes          | <input type="checkbox"/> 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 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 (except for CDSMP), and Update Trainings in the program checked above without coordinating with Stanford. In addition, you may conduct Leader Refresher Training using the Stanford curriculum after taking an online Master Trainer orientation. 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 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-Trainers to conduct Leader Trainings, Cross-Trainings and Update Trainings. See the 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 Program. You agree that all copies of the 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 Manuals for reproduction. Stanford provides manuals to organizations once they purchase program licenses or pay applicable training fees.
6. 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.

**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 on page 1, check the appropriate option below, complete and sign this form in the spaces provided, and return both pages to [self-manage-certification@stanford.edu](mailto: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 Leader’s training until you have received the final, signed document.**

**I HAVE FACILITATED** *(check one):*

- At least two (2) workshops within 12 months before or after my Master Training; or**
- At least two (2) workshops as a Leader within 12 months before my Master Training**

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

**Details of workshops facilitated:** \_\_\_\_\_  
Inclusive Dates (From/To) Program

**Details of workshops facilitated:** \_\_\_\_\_  
Inclusive Dates (From/To) Program

**Print** your name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ 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, Dr.P.H.	Date Received	Effective Date of Certification
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