T-Trainer Agreement and Certification Form

☐ Chronic Disease Self-Management Program  ☐ Cancer: Thriving and Surviving Program
☐ Diabetes Self-Management Program  ☐ Tomando Control de su Salud
☐ Arthritis Self-Management Program  ☐ Manejo Personal de la Diabetes
☐ Positive Self-Management Program  ☐ Manejo Personal de la Artritis
☐ Chronic Pain Self-Management Program  ☐ Spanish Positive 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. A T-Trainer is qualified to teach Master Trainers how to train Leaders. T-Trainers are certified only through supervised apprenticeships.

As a qualified T-Trainer for the program(s) checked above, Stanford grants you permission to train Leaders and Master Trainers 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 require 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 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 6 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. You may conduct Master Trainings for the organization that sponsored you to become a T-Trainer (usually your employer) or an organization with which you have a established collaborative relationship. These “non-Stanford sponsored trainings” are offered at a substantially reduced training fee and require T- Trainers to coordinate and oversee the training with minimum assistance from the SPERC staff. You may also conduct Master Trainings for organizations other than your employer at the request of SPERC. These trainings require a higher training fee and are coordinated by SPERC staff. In either instance, you MUST coordinate the training with Stanford. Stanford will make all arrangements with the hosting organization and with you as appropriate, make sure the required forms are completed and signed and a program license is current.

10. There must always be 2-certified and in good standing T- Trainers to conduct Master Trainer Trainings and the appropriate Stanford training fees must be paid before training can begin.

11. When selected to conduct offsite Stanford sponsored master trainings, you will be an independent contractor and you will be reimbursed by the hosting organization for your expenses and your professional fees. The amount of the customary professional fee is determined by Stanford. You may decide to charge less or not to charge.

12. To remain an authorized T-Trainer, from the date the T-Trainer certification was obtained, you must “conduct a Master Training not less than every 2 years. During years that no master training is conducted, conduct at least one Leader Training”. If certified in more than one program, T-Trainers “must facilitate workshops, train Leaders or train Master Trainers in every program not less frequently than every 2 years” Alternative options to remain certified may be granted at the discretion of SPERC Certifying T-Trainers.

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, please 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, ATTN: Sonia Alvarez, Training Director. You may not conduct Master Training until you have received the final, signed document.

I, __________________________________________, have conducted at least one master training within 12 months from completion of the apprenticeship. I agree to and acknowledge all the information in this document.

Details of training conducted:

<table>
<thead>
<tr>
<th>Inclusive Dates</th>
<th>Program</th>
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Printed Name: ______________________________ Signature: ______________________ Date: ______

Address: ________________________________________________________________

Telephone: (       ) _____ __________ Fax: (       ) _____ __________ Email: ______________________________

Name of your Certifying T-Trainer: __________________________________________

Date of apprenticeship (mm / dd to dd / yyyy): ________________________________

Location of Apprenticeship: Stanford University / Other: ______________________

FOR STANFORD USE ONLY

Department Approval: ______________________________

Effective Date of Certification: ______________________________

__________________________________________

Kate Lorig, Dr.P.H.
Director, Stanford Patient Education Research Center