

**Leader Recruitment Tool Kit:**

* **Leader Training Request Form-**(mandatory) This form is emailed to Katie Clark with a cc to the Regional Coordinator so that your leader training can be placed on the website calendar.
* **Email Template Form-**(recommended or modify for your needs) this email template can be used when emailing potential leaders with the training information and information about the attached forms and application due date.
* **Leader Qualifications and Requirements-** (mandatory) This form outlines the qualifications and requirements of being a leader. This should be sent, if possible, prior to the application so that the potential leader fully understands what is expected of them.
* **Leader Application Form-** (mandatory) The leader application form must be completed by the potential leader AND their manager/supervisor. This form ensures that the potential leader’s agency has or is in the process of signing a MOU/Contract with the HLCE or has their agency has a Stanford license.
* **Leader Agreement Form** (mandatory) This form can be sent along to the potential leader so that they may review it. This form must be included in the leader manual and signed at the end of the leader training.

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**Leader Training Request Form**

**(To be completed and forwarded to** **kclark@esmv.org** **and cc your regional coordinator)**

1.Hosting Organization:

2. Training Type:

[ ] CDSMP English [ ] CDSMP Chinese

[ ] CDSMP Portuguese [ ] Tomando Control de su Salud

[ ] Chronic Pain Self-Management [ ] Tomando Control de su Diabetes

[ ] Diabetes Self-Management [ ] Positive Self-Management

[ ] Arthritis Self- Management [ ]  Matter of Balance

[ ] Powerful Tool for Caregivers [ ] Healthy Eating

Other, specify:       [ ] Cancer Thriving and Surviving

3. Location for Training:

4. Address for Training:

 City: State: Zip:

5. Site Type (Check Only One):

 [ ] Senior Center [ ] Multi-purpose social svcs center

[ ] Other Community Center [ ] Health Care Organization

[ ] Faith-based Organization [ ] Parks Dept. Facility

[ ] Residential Facility [ ] Workplace

[ ] Other, specify:       [ ] Unknown

6. Start date (MMDDYYYY): End date (MMDDYYYY):

7. Start time: End time:

8. Master Trainer (first and last name):

9. Master Trainer (first and last name):

10. Primary Contact for session name:

 Phone Number:

 Email (optional):

11. Comments (related to registration, location, etc.):



**EMAIL Template Form**

(to be completed by Training Coordinator and sent out at time of training inquiry)

Dear prospective CDSME workshop leader,

Thank you for your interest in “My Life, My Health” – the Stanford Chronic Disease Self-Management Education Programs. You expressed interest in becoming a leader in the following program:

* Chronic Disease Self-Management Program
* Tomando control de su salud
* Chronic Pain Self-Management Program
* Diabetes Self-Management Program
* Positive Self-Management Program
* Cancer Thriving and Surviving

Training location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Training schedule: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The sponsoring organization is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The training will be co-facilitated by two Master Trainers:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attached please find the following forms:

* Leader Qualifications and Requirement
* Leader Application Form

Please review carefully the Leader Qualifications and Requirement and submit the completed CDSME Leader Application Form to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ no later than:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*This training has been made possible through a grant received by the Administration of Community Living in collaboration with the MA Executive Office of Elder Affairs and the MA Department of Public Health.*



**Stanford University Chronic Disease Self-Management Education Programs**

**Massachusetts *My Life, My Health***

**Leader Qualifications & Requirements**

**Program description:**

*The Stanford University Chronic Disease Self-Management Education Programs (CDSME) consist of* a 6-week workshop, facilitated by **two** trained co-leaders. Each session meets once a week for 2½ hours. Workshop participants learn the skills needed to manage successfully the day-to-day challenges of living with one or more chronic health conditions.

*This leader training is delivered at no cost to you and or your organization as long as you are willing to sign the attached Leader Agreement upon successful completion of the training and abide by all the fidelity and data requirements.*

**All the CDSME workshops cover following topics:**

* Decision-making, action planning and problem solving
* Physical activity to maintain and improve strength, flexibility and endurance
* Appropriate use of medications
* Effective communication with family, friends and health professionals
* Nutrition and healthy eating

**Desirable Leader Characteristics**

* Non-judgmental and respectful of different opinions
* Comfortable with the sharing of personal information in small groups
* Open to new ways of dealing with problems
* Optimistic, enthusiastic and encouraging
* Collaborative and cooperative
* Able to listen actively and communicate clearly
* Supportive of self-management and a positive role model
* Dependable with reliable transportation
* Able to provide constructive feedback in a respectful manner
* Able to self-reflect, receive and use constructive feedback
* Prior participation in a CDSMP workshop and experience living with a chronic condition are desirable



* Professionals cannot provide professional advice during the workshops.

**Leader Requirements:**

* Attend all 4 full days of training and satisfactorily perform facilitation exercises during the training
* Maintain confidentiality of training and workshop participants
* English fluency and fluency in other languages if facilitating Tomando or CDSMP in Chinese, Portuguese, etc.
* Adhere strictly to the CDSME curriculum
* Complete the Data Requirements Webinar and follow all Privacy Act Requirements
* Collect all required data forms and send to the Healthy Living Center of Excellence.
* Participate in fidelity monitoring/quality assurance checks and Massachusetts continuing education requirements
* Provide notice to the program coordinator if unable to attend a session due to illness, and find a replacement Leader
* Notify CDSME programming coordinator of all concerns regarding facilities, class participants and co-leaders
* Keep CDSME program coordinator apprised of availability to co-lead workshops

**Leader Certification and Authorization to Lead CDSME Participant Workshops:**

* Must be able to attend all 4 days of training (24 hours) and successfully complete two practice teachings during training.
* Facilitate one six-week workshop within 12 months from Training Date (better if happens within 6 months) Better if this happens within 6 months of Training Date.
* To remain active as Leader, must commit to facilitating at least one 6-week workshop (all six sessions) every 12 months from the Certification Date
* If Leaders become inactive, they may (if available locally) attend a refresher course (should not be more than once every 2 years). If no refresher course is available, must attend a full 4-day of training.



**Leader Application Form**

**(Please complete ALL the required information)**

**Name of Applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Contact Information:**

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone ( ) \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_

**Organization’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Supervisor/Program Coordinators’ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor’s Contact Information:**

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone ( ) \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_

**Licensing Information:**

* My organization has its own license
* My organization is operating under the ESMV Statewide license

**Please answer the following questions:**

1. It is critical to the quality of the program that all persons trained to be Leaders are present for the entire training. Are you able to attend the full training? (all day for all 4 days)
* Yes
* No - Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Attending the training **does not guarantee** that you will be authorized to lead workshops. Your trainers will support your learning by evaluating your skills according to quality standards. Only successful candidates will be authorized to lead workshops. Do you understand that attending all training days does not guarantee that you will be authorized to lead workshops?
* Yes
* No – Explain :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



1. Leaders need to possess specific qualities and be willing to commit to the requirements in the Leader Requirements and Qualifications handout.

Do you feel comfortable with the needed requirements and qualifications?

* Yes

No – Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The workshops require you to speak in front of groups and write on a white board or flip chart. Are you comfortable performing these activities?
* Yes:
* No - Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 1. Please tell us if you are fluent in the following languages;
* English
* Spanish
* Portuguese
* Chinese
* Khmer
* Vietnamese
* Russian
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | 1. Do you need any need accommodations during the training? (your answer does not affect acceptance into the training):
* ASL/Sign Language Interpreter
* CART (Communication Access Realtime Translation) Provider
* Note taker
* Large print
* Electronic format (specify which)
* Wheelchair access
* Assistive listening device
* Dietary restrictions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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Please sign below to attest you have read all the attached Leader Qualifications and Requirements and understand them:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please have your supervisor and or program coordinator sign below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| **For Office Use Only:**Application Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Yes
* No
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**CDSME Leader Agreement Form**

(to be collected by Master Trainer(s) and sent to HLCE)

**Name of Applicant**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Information**:

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone ( ) \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_

**Organization Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Supervisor’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor’s Contact Information:**

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone ( ) \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_

**Training Location & Dates:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Master Trainer (1):** **Master Trainer (2):**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sponsoring Organization’s Contact Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **I agree to teach at least one entire \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ workshop within 6 months, and to remain active, I will continue to facilitate at least one workshop every year.**
* **I will teach in strict accordance with the course as written in the Leaders Manual and as taught to me at the Group Leaders Training.**
* **In addition, I agree to:**
* Only lead workshops for host sites or organizations holding a CDSME Stanford license.
* Report all scheduled workshops to **Kathryn Clark,** **Kclark@esmv.org**two weeks prior to the first class session.
* Distribute and collect all required workshop data forms as described in the data collection protocol, and forward them to **Kathryn Clark**, **Elder Services of the Merrimack Valley, Inc., 280 Merrimack Street, Suite 400, Lawrence, MA 01843** within 48 hours after the final session.



* Be included in a statewide database of trained leaders and master trainers for networking and educational purposes.
* Notify **Kathryn Clark**, Kclark@esmv.org of all changes in my contact information or ability to facilitate workshops.

**I understand that failure to comply with this agreement will result in removal of my leader certification.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Leader’s Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

|  |
| --- |
| For Office Use: **CDSME Leader is:** * Certified
* Certified with these conditions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Master Trainer Signature Master Trainer Signature Observation conducted by:* HLCE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 * Master Trainer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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