



UTAH MASTER TRAINER AGREEMENT STANFORD SELF-MANAGEMENT PROGRAMS



Agreement between the Utah Arthritis Program (UAP) and Master Trainers in Utah for the Stanford Self-Management Programs (Chronic Disease Self-Management Program/CDSMP known in Utah as Living Well with Chronic Conditions/LWCC, Diabetes Self-Management Program/DSMP known in Utah as Living Well with Diabetes/LWD, Tomando Control de Su Salud, Manejo Personal de la Diabetes). The UAP provides statewide guidance and oversight for Stanford Self-Management Programs.

As a Master Trainer in Utah for the Stanford Self-Management Programs, I understand and agree to (initial each line):

- | |
|--|
| Attend the Stanford Master Training course for the full 4-5 days and successfully complete all training activities. |
| Complete all cross-training requirements if being cross-trained in DSMP, Tomando, or Manejo. |
| Submit required paperwork (Certification Form) to Stanford in order to receive my Master Trainer Certification Notice by facilitating two 6-week workshops either before or within 12 months after completing the Stanford Self-Management Master Training. |
| Facilitate my first 4-day Peer Leader Training within 18 months of original Stanford Self-Management Training, for each program for which I am certified. |
| Maintain my Master Trainer Certification by conducting either a 4-day Peer Leader Training or a 6-week workshop, for each program for which I am certified, every 12 months (annually) from my certification date from Stanford, and conduct at least one 4-day Peer Leader Training in one of any of the Stanford Self-Management programs for which I am certified as Master Trainer, every two years. |
| Abide by the roles and responsibilities that are specified in the Master Trainer Position Description. I have read, understand, and am able to fulfill the requirements outlined in the Master Trainer Position Description. |
| Maintain fidelity of Peer Leader Trainings and workshops by following the Stanford curriculum as written. I agree to use the most up-to-date version of the Stanford Master Trainer manual. |
| Operate under a Stanford License to provide a Peer Leader Training, either the statewide license or a partner organization's license. |
| Only conduct Peer Leader Trainings that have at least 12 and no more than 18 individuals registered. I understand that to continue a Peer Leader Training with less than 12, I must notify UAP and receive approval from Stanford. |
| Provide a check-in with UAP sometime during the first day of a Peer Leader Training (during break, lunch, or after the training ends that day) in order to let UAP know how the training started out and notify of any missing attendees. |
| Complete and submit the required UAP paperwork for Peer Leader Trainings within one week following a Peer Leader Training (Attendance Form, Participant Satisfaction Surveys, Certificates). |
| Participate in Master Trainer meetings every 6 months via phone or in person. |
| Coordinate Peer Leader Training location scheduling with co-Master Trainer. |
| Coordinate Peer Leader Training registration with UAP. |



Address any concerns about a pending Peer Leader's facilitation ability during a Peer Leader Training and will not pass a person as a certified Peer Leader if there are concerns about the trainee that have not been resolved. Discuss concerns with the individual and present options for progressing toward certification. Communicate any issues in regards to a specific individual becoming a Peer Leader, with the organization that sent the individual (their Living Well Coordinator) and with UAP.

Participate in Master Trainer Update Training from Stanford as they update curriculum.

Provide Update Trainings to active Peer Leaders as Stanford releases updated program curriculum.

Provide Refresher Course as needed for Peer Leaders whose certification is about to expire.

Coordinate with the UAP to address Peer Leader shortage needs, offering additional trainings when needed.

At two weeks prior and one week prior to the first day of the Peer Leader Training, confirm Peer Leader Training registration by sending a reminder e-mail to registrants with the training details (location, time, emergency contact info, etc.)

Participate in fidelity/quality assurance checks as needed.

Receive at least one annual fidelity check visit by another Master Trainer during a Peer Leader Training or during a workshop, to assist in improving my facilitation skills as a Master Trainer.

Provide adequate notice to UAP and co-Master Trainer if it is necessary to miss a Peer Leader Training session and find a replacement Master Trainer.

I understand that if the UAP pays for any part of my training expenses, I commit to conduct at least two Peer Leader Trainings in Utah.

Notify UAP immediately if I plan to leave my job or position and am no longer able to fulfill duties as a Master Trainer for Stanford Self-Management Programs in Utah.

If I fail to complete the conditions outlined above I will cease conducting Peer Leader Trainings.

Please sign and return this form to the Utah Arthritis Program by emailing arthritis@utah.gov

Print Name

Master Trainer's Signature

Date

Utah Arthritis Program's Signature

Date