

Living Well Workshop Master Trainer Agreement



Agreement between the Healthy Aging Program (HAP) and Master Trainers in Utah for the Self-Management Resource Center’s (SMRC) Programs, known in Utah as Living Well with Chronic Conditions, Living Well with Chronic Pain, Living Well with Diabetes, Tomando Control de Su Salud, Manejo Personal de la Diabetes). The HAP provides statewide guidance and oversight for SMRC and other programs.

Please initial each statement. As a Master Trainer in Utah for the SMRC programs, I understand and agree to:

	1. Attend SMRC’s training course for the full 4-5 days and successfully complete all training activities.
	2. Complete all cross-training requirements if being cross-trained in DSMP, Tomando, or Manejo.
	3. Submit required paperwork (Certification Form) to SMRC in order to receive my Master Trainer Certification Notice by facilitating two 6-week workshops either before or within 12 months after completing the SMRC Master Training.
	4. Facilitate my first 4-day Peer Leader Training within 18 months of original SMRC Training, for each program for which I am certified.
	5. 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 SMRC, and conduct at least one 4-day Peer Leader Training in one of any of the SMRC programs for which I am certified as Master Trainer, every two years.
	6. 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.
	7. Maintain fidelity of Peer Leader Trainings and workshops by following the SMRC curriculum as written. I agree to use the most up-to-date version of the SMRC Master Trainer manual.
	8. Operate under a SMRC License to provide a Peer Leader Training, either the statewide license or a partner organization’s license.
	9. 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 HAP and receive approval from SMRC.
	10. Provide a check-in with HAP sometime during the first day of a Peer Leader Training (during break, lunch, or after the training ends that day) in order to let HAP know how the training started out and notify of any missing attendees.
	11. Complete and submit the required HAP paperwork for Peer Leader Trainings within one week following a Peer Leader Training (Attendance Form, Participant Satisfaction Surveys, Certificates).
	12. Participate in Master Trainer meetings every 6 months via phone or in person.
	13. Coordinate Peer Leader Training location scheduling with co-Master Trainer.
	14. Coordinate Peer Leader Training registration with HAP.

Living Well Workshop

Master Trainer Agreement

Page 2



	15. 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 HAP.
	16. Participate in Master Trainer Update Training from SMRC as they update curriculum.
	17. Provide Update Trainings to active Peer Leaders as SMRC releases updated program curriculum.
	18. Provide Refresher Course as needed for Peer Leaders whose certification is about to expire.
	19. Coordinate with the HAP to address Peer Leader shortage needs, offering additional trainings when needed.
	20. 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.)
	21. Participate in fidelity/quality assurance checks as needed.
	22. 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.
	23. Provide adequate notice to HAP and co-Master Trainer if it is necessary to miss a Peer Leader Training session and find a replacement Master Trainer.
	24. I understand that if the HAP pays for any part of my training expenses, I commit to conduct at least two Peer Leader Trainings in Utah.
	25. Notify HAP immediately if I plan to leave my job or position and am no longer able to fulfill duties as a Master Trainer for SMRC Self-Management Programs in Utah.
	26. If I fail to complete the conditions outlined above I will cease conducting Peer Leader Trainings.

Print or Type First and Last Name

Master Trainer’s Signature

Date

Healthy Aging Program Manager’s Signature

Date

Please sign and return this form to the Healthy Aging Program by emailing healthyaging@utah.gov