



Iowa Healthy Links
Better Choices/Better Health
 Chronic Disease Self-Management Program (CDSMP)

Leader Training Application and Memorandum of Understanding		Please do not write in this space.	
		Date February 9, 2011	Funding Source IDPH-LPHSC
Name		Birthdate (Month & Day only)	
Address			
City		State	County Zip Code
Phone: Home ()		Business ()	Cell ()
Email: Please print clearly.			
Most convenient time to call.			
Educational Background			
Name of educational institution(s) attended. (high school, vocational/technical, college)		Year	Diploma Degree Certification
Describe other relevant postgraduate or continuing education activities.			

Polk County Health Department
 1907 Carpenter Avenue Des Moines, IA 50314
 PHONE: (515) 286-3767 FAX: (515) 286-2033
 Email: tammy.keiter@polkcountyiowa.gov



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Experience			
Occupation - present and/or past.			
If currently employed, list position and place of employment.			
Describe any teaching, public speaking or group leader experience you have.			
List any pertinent volunteer experience you have.			
Health Information			
Do you have a chronic disease?		Yes	No
If yes, what type?			
Does a family member or significant other have a chronic disease?		Relationship	Yes No
Chronic Disease Self Management Program			
Have you participated in a CDSMP program?		Yes Trainer/Leader Participant	No
What are your reasons for wanting to participate in the CDSMP leader training workshop?			

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How do you expect to benefit personally from teaching the CDSMP?

How will your employer benefit from you teaching the CDSMP?

The program is to be taught by two trained leaders. Do you know of a co-facilitator you'd like to be paired with to lead workshops?

Do you anticipate any barriers in leading the CDSMP? If so, please list them.

Memorandum of Agreement

To ensure the quality of the Chronic Disease Self-Management Program, the following policies and procedures have been instituted. Please sign below, along with your employer (if applicable) indicating your acknowledgement and acceptance of these requirements.

1. CDSMP leader trainings and programs must be held in facilities that are physically accessible to the disabled, which have meeting rooms that are safe and comfortable.
2. The meeting facility or sponsoring organization must have adequate insurance coverage for the Chronic Disease Self-Management Program.
3. The CDSMP leader training workshop is open only to those who have been pre-screened and approved. All applicants must complete this application form and receive a confirmation letter before being eligible to attend a leader training workshop. Walk-ins will not be allowed into the leader training workshop.
4. Once you have completed the leader training workshop you will be eligible to teach the program in your community. Only approved Master Trainers can teach others how to be CDSMP leaders. Only persons who have successfully completed the master training workshop conducted by trainers approved by Stanford University are eligible to be master trainers or leaders. Therefore, **guest speakers may not lead any part of the course.**
5. I understand the leader training workshop will be taught in English. This particular CDSMP cannot be taught in Spanish to participants attending the six-week program. I agree to only teach this

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course in English.
6. I understand that I MUST use flip charts ONLY when teaching the CDSMP.
7. Leaders must conduct the program in accordance with the program guidelines and agree not to change the program in any way without prior written authorization from the Polk County Health Department. The program policies will be explained in more detail in the training workshop, after which you will be asked to sign a Leader Agreement Form.
8. I understand that additional resources, materials, and classes cannot be discussed during the workshops and that a resource table may be made available at the end of the sixth workshop.
9. I understand that I will receive no reimbursement from the Polk County Health Department or from the CDSMP participants for teaching the Chronic Disease Self-Management Program.
10. Once you have lead and completed the six week sessions, a small honorarium will be provided
11. As funds permit the Polk County Health Department agrees to provide all teaching materials at no charge. Depending on the funding source it may be necessary for leader to create a lending library for the participant books. At other times participants of the CDSMP program may be able to keep the <i>Living a Healthy Life with Chronic Conditions</i> book. The Polk County Health Department agrees to inform leaders if a lending library is necessary or not. Leader manuals will be provided for all newly trained leaders and a lending library will not be necessary.
12. I agree to complete or schedule my first six-week program by the end of December 31, 2011 .
13. I agree to complete or schedule my second six-week program by the end of June 30, 2012 .
14. I agree to teach ALL CDSMP programs with a co-leader.
15. I agree to inform the Polk County Health Department four weeks prior to implementation of all programs.
16. I agree that if I have not facilitated a workshop within six months of being trained, I must attend a CDSMP Leader Refresher training prior to facilitating a workshop.
17. I agree to continue to facilitate at least one workshop every year in order to remain certified, at which time I will undergo refresher training to become re-certified, if I desire to continue as a leader of the CDSMP.
18. I have read and agree to comply with the CDSMP Practice Guidelines.
19. I agree to participate in all scheduled conference calls and quarterly meetings set up by the Polk

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County Health Department regarding CDSMP.	
20. The Polk County Health Department agrees to keep a database of leaders and conduct conference calls and quarterly meetings, send emails, and/or U.S. mail notifications when information regarding the CDSMP needs to be communicated.	
21. I understand that I am implementing the CDSMP under the Polk County Health Department license, obtained from Stanford University. Neither my employer nor I will be required to pay a CDSMP license fee to Stanford University as long as the leader trainings and programs are coordinated through the Polk County Health Department.	
22. I agree to keep the Polk County Health Department informed of my current contact information.	
23. I agree to contact the Polk County Health Department if at anytime I decide to discontinue implementing the CDSMP.	
24. The Polk County Health Department agrees to provide all technical assistance for the CDSMP.	
Participant Signature: Print Name:	Date:
Participant's Employer Signature: Print Name:	Date:
Polk County Health Department Representative Signature: Print Name:	Date:

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