

“Mi Vida, Mi Salud” Master Training

Stanford University’s Tomando Control de Su Salud
A Spanish Evidence-Based Chronic Disease Self-Management Program



Sponsored by Elder Services of the Merrimack Valley, Inc.

Funding for the Chronic Disease Self-Management Program, developed by Stanford University, was provided by the American Recovery and Reinvestment Act. It is offered through a collaboration between the Massachusetts Department of Public Health and the Executive Office of Elder Affairs

Application & Agreement Form

Training dates: March 14-18, 2011

Organization Name:

Address:

Telephone:

Email:

Organization Contact Person:

Name of Proposed Trainee:

Is the trainee able to read, speak and write Spanish fluently?

No Yes

Does the trainee have a chronic health problem? (not required)

No Yes

Is the trainee a health professional? (not required)

No Yes If Yes, please specify:

Has the trainee been a participant in a Tomando or other *My Life, My Health* 6 week workshop?
(not required)

No Yes If Yes, please specify:

Is the trainee trained as a Tomando or Chronic Disease Self-Management (CDSMP) Leader?
(not required)

No Yes If Yes, please specify:

Does your organization have a Tomando license from Stanford University? (**required**)

No Yes

Does the trainee need disability accommodations?

No Yes If Yes, please specify:

Please assess your organization's ability to do the following:

- Adhere to the provisions of the Memorandum of Understanding between the organization and Elder Services of the Merrimack Valley, Inc. (ESMV).
 Yes No Unsure
- Maintain the capacity to fulfill record-keeping and evaluation requirements of the Tomando program as set forth in the MOU with ESMV and the requirements of the license from Stanford University.
 Yes No Unsure
- Provide program sustainability; a continuing commitment to offer Tomando by creating an infrastructure for program coordination to include: leader and participant recruitment, marketing, participate in outcomes evaluation, and maintaining a plan to offer at least 2 classes per year.
 Yes No Unsure
- Market Tomando to local community members, key community leaders, and health care providers to enhance participant recruitment.
 Yes No Unsure
- Collaborate with community organizations to build local capacity to offer Tomando.
 Yes No Unsure
- Ensure all training/workshop facilities are accessible for people with disabilities.
 Yes No Unsure
- Ensure all trainings/workshops can provide accessible accommodations for people with disabilities upon request.
 Yes No Unsure
- Provide a signed copy of sponsoring organization's license agreement with Stanford University? Yes No Unsure
- Follow the requirements of the license agreement with Stanford Patient Education Research Center and abide by the terms of that agreement.
 Yes No Unsure

Master Trainer agreement: I agree to teach 2 Tomando workshops within 12 months (if not currently a certified Tomando Leader). I understand that I must lead a 4 day Tomando Leader Training within 12 months of the training, and once a year thereafter to remain certified as a Master Trainer. I will teach in accordance with the course as written in the Leaders Manual, and as taught to me at Master Training. I will attend all 4.5 days of the leaders training.

Print

Signature

Date

Application Instruction

Please submit the Application & Agreement Form and signed Memorandum of Understanding no later than 4:00 p.m. on Friday, Monday March 4, 2011. The two documents may be mailed or faxed to:

Elder Services of the Merrimack Valley, Inc.
c/o Lauren Gray
360 Merrimack St., Bldg. 5
Lawrence, MA 01843
Fax: 978-794-7546

Once your application is approved, you will receive further instructions to apply for the Stanford Tomando license, if you have not already done so.

