



Massachusetts
My Life, My Health
Chronic Disease Self-Management
LEADER AGREEMENT

Leader's Name:
Training Location: Ethos Training Dates: 1/30, 1/31, 2/6, 2/7/12

Master Trainer (1) Name: Janice Williams
Master Trainer (2) Name: Meelynn Wong
Phone: 617-477-6616 Phone: 617-477-6699
Email: jwilliams@ethocare.org Email: mwong@ethocare.org

Support Contact Person:
As a certified CDSMP leader, you must operate under an agency license granted by Stanford University. Please identify your organization CDSMP license holder:

I agree to teach at least two entire My Health, My Life course within 12 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:

- Attend all four days of the leader training.
Only lead workshops for host sites or organizations holding a CDSMP Stanford license.
Report all scheduled workshops to Meelynn Wong, mwong@ethocare.org two weeks prior to the first class session.
Distribute and collect all required participant evaluation forms as described in the data collection protocol, and forward them to Meelynn Wong, Ethos, 555 Amory Street Jamaica Plain, MA 02130 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 Meelynn Wong, mwong@ethocare.org of all changes in my contact information or ability to facilitate workshops.

Preferred Method of Contact. Check all that apply.

- Email:
Home/Cell Telephone:
Work Telephone:
Mail:
Supervisor/employer (include name and contact info):

Signature Date