



Application for Class Leader Training

Please answer ALL questions. Enter NA if the question does not apply to your situation.

Type of training: In-person Online

Name:

Powerful Tools for Caregivers aims to be inclusive with our ongoing efforts to honor diversity. Please select your pronoun/s.

he/him she/her they/them other pronoun/s

Home Address

Street:

City:

State: ZIP:

Phone:

Email:

Work Address

Business:

Street:

City:

State: ZIP:

Phone:

Email:

Sponsoring Agency:

Are you a: Staff member? Volunteer?

Sponsoring Agency Contact Name:

Address:

Agency Contact Email:

Agency Contact Phone:

Agency Fax:

Why are you interested in becoming a Powerful Tools for Caregivers Class Leader?

What other evidence-based programs, if any, have you led?

Describe any personal caregiving experience:

Describe any professional experience with family caregivers:

Describe any experience facilitating a group of adults including group size, type of participants and any outreach to specific communities:

Years of group facilitation experience:

1 yr. or less 2-5 yrs. 5-10 yrs. 10-15 yrs. 15+ yrs.

For online training only:

- **Trainees must have their own computer with webcam, microphone, internet access, and PowerPoint. Do you meet these requirements?** Yes No
- **Describe your online training experience as a trainer or participant:**
- **Provide the email address to be used during the 5-day online leader training:**

For in-person training only:

- **Describe any mobility issues or food allergies.**

PTC classes must be conducted by 2 certified PTC class leaders.

Name of person attending leader training with me:

(Or) Name of person in my community who is already certified as PTC leader:

I agree to co-facilitate two PTC class series within a year of being certified as a PTC Class Leader.

By entering my name and date below, I am signing this application electronically and agree that this is the legal equivalent of my manual/handwritten signature on this document.

Signature

Date

Class Leader Sponsoring Agency Commitment Form

- I believe that _____ has the necessary qualifications to be a **Powerful Tools for Caregivers** Class Leader.
- Our organization is willing to sponsor this candidate and assist them in building sustainability for the **Powerful Tools for Caregivers** program in our local community.
- Please check the ways your organization plans to support this Class Leader applicant and the PTC program's on-going viability.
 - Sponsor individual's time to participate in Class Leader Training.
 - Sponsor the individual by paying their leader training fee.
 - Produce PTC Class Leader Scripts and Class Leader Tips Manuals once the individual becomes certified.
 - Provide space for the six-week class to meet.
 - Distribute brochures or flyers to publicize classes.
 - Provide staff time to register class participants.
 - Provide staff time for class preparation and teaching the class.
 - Support outreach, coordination and community collaboration efforts.
 - Sponsor a class series by purchasing copies of *The Caregiver Helpbook* (provided to each caregiver participant).
 - Other: Please describe _____

Sponsoring Agency

Date

Agency Contact Name

Agency Contact Phone Number

Agency Contact Email Address

The *Powerful Tools for Caregivers* (PTC) program has been designed to support family caregivers in a way that enhances their well-being as they care for others. It was carefully designed, pilot-tested, evaluated, and refined to ensure program quality and evidence-based outcomes. In order to sustain its positive outcomes, PTC Class Leaders must adhere to the following requirements set by PTC Headquarters in Portland, OR.

- Certified PTC Class Leaders must conduct the program as designed: (e.g. follow the script, offer a consecutive 6-week class, co-lead the class with the same pair of certified PTC Class Leaders, use visual aids and handouts as prescribed, and purchase *The Caregiver Helpbook* for each caregiver class participant.)
- The scripted program materials are for PTC Class Leaders only. Materials may not be given to non-certified persons.
- Charges for the 6-week class series may not exceed the cost incurred and PTC Class Leaders agree to refrain from promoting a business for personal gain.
- Written approval from PTC Headquarters must be obtained for any program research, language translation, program dissemination in a country outside of the United States, or use of copyrighted materials outside of the 6-week class series.

PTC Class Leader Certification and Recertification Requirements

New PTC Class Leaders must:

- Complete, sign and submit a Class Leader Certification Agreement.
- Conduct two, 6-week class series within the first year of becoming certified as a PTC Class Leader.
- If a certified PTC Class Leader has not co-led the required two 6-week series within a year of being trained, that person must contact PTC Headquarters to discuss recertification steps.

PTC Class Leaders who have not co-led a 6-week PTC class series for two – five years will lose certification and must:

- Contact PTC Headquarters.
- Complete, sign and submit a new Class Leader Certification Agreement.

- Use the most current scripted curriculum provided electronically by PTC Headquarters.
- Resume co-leading their next 6-week class with a certified PTC Class Leader who has conducted a PTC 6-week class series within the last 2 years. Do not need to complete another 2-day leader training or pay another certification fee.
- Contact PTC Headquarters regarding any exceptions to the above.

PTC Class Leaders who have not co-led a 6-week class series for over 5 years will lose their certification and must:

- Contact PTC Headquarters.
- Complete another PTC Class Leader Training.

PTC Headquarters, powerfultoolsforcaregivers.org, must be contacted regarding any exceptions to the above.

AGREED

By entering my name and date below, I am signing this agreement electronically and agree that this is the legal equivalent of my manual/handwritten signature on this document.

**This is a sample form only.
You will receive the form you are to sign
at Class Leader Training.**

Signature

Sponsoring Agency

Preferred phone *work* *alternate*

Preferred email *work* *alternate*

Phone (work)

Email (work)

Phone (alternate)

Email (alternate)

I plan to offer PTC classes for (please check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Caregivers of adults with chronic condition | <input type="checkbox"/> French-speaking caregivers |
| <input type="checkbox"/> Caregivers of children with special needs | <input type="checkbox"/> Korean-speaking caregivers |
| <input type="checkbox"/> Grandparents raising grandchildren | <input type="checkbox"/> Spanish-speaking caregivers |
| <input type="checkbox"/> Military caregivers | <input type="checkbox"/> Other (please describe): |

NOTE: Class Leader contact information may be shared for PTC programmatic inquiries.