

# 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	Work Address	
	Business:	
Street:	Street:	
City:	City:	
State: ZIP:	State: ZIP:	
Phone:	Phone:	
Email:	Email:	
Sponsoring Agency: Are you a: Staff member? Volunteer? Sponsoring Agency Contact Name: Address: Agency Contact Email: Agency Contact Email:		
Agency Contact Phone:	Agency Fax:	
Why are you interested in becoming a Powerful Tools for Caregivers Class Leader?		

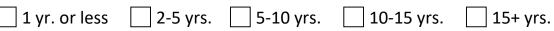
What other evidence-based programs, if any, have you led?

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:



#### 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

Agency Contact Name

Agency Contact Phone Number

Date

Agency Contact Email Address

# Powerful Tools

# Class Leader Certification Agreement

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.

Signature	This is a sample f You will receive the forr at Class Leader	n you are to sign
Sponsoring Agency		
Preferred phone 🗌 v	vork 🗌 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):		
Caregivers of	adults with chronic condition	French-speaking caregivers
Caregivers of	children with special needs	Korean-speaking caregivers
Grandparents	raising grandchildren	Spanish-speaking caregivers
Military caregivers Other (please describe):		

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