www.swcaa.org
203-333-9288

1000 Lafayette Blvd, 9th Fl
Bridgeport Ct 06604

Live Well Chronic Disease Self-Management Program
Leader Application

Please indicate the training you are interested in:
Chronic Disease Self-Management____ Diabetes Self-Management_____ Spanish Chronic Disease Self-Management_____ Spanish Diabetes Self-Management_____ Diabetes Cross Training_____ Spanish Diabetes Cross Training_____
Chronic Pain Self-Management______

Thank you for your interest in becoming a leader for the *Live Well* Program. We look forward to training individuals committed to attending the four day training (or 2 day cross training) and who will be able to conduct at least one six week/2.5 hour per week workshop within one year of completing the training. Completion of the training and facilitation of the workshops will allow more people with diabetes and/or other chronic diseases to learn about how to better manage their health. The experience will be very rewarding and we appreciate your dedication.

In an effort to be sure you use your time effectively, please consider all that is required to be certified as a leader per the Self-Management Resource Center (SMRC) protocols. Because this is an evidence-based program and because all programs must be delivered under the license we operate under, the following are required, (partial listing):

- Attendance at all four full days of training, or 1.5 days for the cross training, including approximately 30 minutes of "homework" on day one.
- Completion of practice teaching assignments
- Facilitation of at least one workshop within 12 months of taking the training.
- Completion of data collection forms.
- Assistance with marketing/recruiting for workshops.
- Adherence to the class curriculum script.

REV. 2018-04-04, 2016-01-20 An evidenced-based self-management program originally developed at Stanford University. This training is made possible by funding received from the Department of Rehabilitation Services ~ State Unit on Aging & CT. Dept. of Public Health and is supported by funds made available from the Centers for Disease Control and Prevention, Office for State, Tribal, Local and Territorial support under grant DP 13-1305.

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- Must offer the program under the license held by either the Department of Rehabilitation Services-State Department on Aging or the Department of Public Health.

*** If you DO NOT plan to offer workshops under the aforementioned licenses or are from another state, please attach a copy of the organization's license you will be operating under. This is required by the SMRC in conjunction with the Department of Rehabilitation Services-State Unit on Aging and CT Department of Public Health.**

_____I have attached a copy of the license.

We highly recommend 2 people attend as the program is always team taught by two.

In order to attend the training, which has a limited capacity, please complete this application and return it to Cathy Grosshart at cgrosshart@swcaa.org.

Name:____ Staff ☐
Volunteer ☐

Organization:
____

Address: _________________________City:_________________State:_____

Telephone: __________________________
Email:_______________________________

List partner(s) who will take the training with you or partner you plan to work with on this project:

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Please tell us why you would like to become a *Live Well* workshop leader?

Describe any skills or experience that will allow you to perform the duties of a leader.

How do you plan to promote the *Live Well* program?

Where do you plan to offer the workshop?

How did you hear about the *Live Well* Leader Training?

Your Signature: ____

Print Name: ____
Date_________________

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If you are being sent to this training by your place of employment, please have your supervisor/manager read and sign below.

I understand and agree to allow release time for the trainees listed above to attend the four days of training AND to facilitate at least one six week *Live Well* workshop within 12 months of completing the training.

Supervisor
Signature____

Print Name_____________________________________
Date____________________

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