



CDSME Leader Agreement Form
(to be collected by Master Trainer(s) and sent to HLCE)

Name of Applicant: _____

Contact Information:

Email: _____@_____ Phone () _____ - _____

Organization Name: _____

Address: _____

Supervisor's Name _____

Supervisor's Contact Information:

Email: _____ Phone () _____

Training Location & Dates

5/16, 17, 23 and 24, 2016

8:30a-4:30p at Elder Services of Cape Cod and the Islands 68 Route 134 S Dennis, MA 02660

Master Trainer (1):

Name: Mary Devlin

Master Trainer (2):

Name: Gina Kupski

Sponsoring Organization's Contact Name: Healthy Living Cape Cod

- ✓ **I agree to teach at least one entire CDSMP workshop within 3 months of training, 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:**

- Only lead workshops for host sites or organizations holding a CDSME Stanford license.
- Report all scheduled workshops to **Gina Kupsi** who will send to **Melissa Donegan, Mdonegan@esmv.org** two weeks prior to the first class session.
- Distribute and collect all required workshop data forms as described in the data collection protocol, and give to **Gina Kupsi** who will forward them to **Melissa Donegan, Elder Services of the Merrimack Valley, Inc., 280 Merrimack Street, Suite 400, Lawrence, MA 01843** 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 **Melissa Donegan, Mdonegan@esmv.org** of all changes in my contact information or ability to facilitate workshops.

I understand that failure to comply with this agreement will result in removal of my leader certification.

Leader's Name

Date

Signature

For Office Use:

CDSME Leader is:

☐ Certified

☐ Certified with these conditions: _____

Master Trainer Signature

Master Trainer Signature

Observation conducted by:

☐ HLCE _____ Date _____

☐ Master Trainer _____