

Master Trainer *Select*™ Organizational Commitment Form - Renewal 2023 - 2024

Program Description

The Master Trainer *Select*™ program is offered by the Diabetes Training and Technical Assistance Center (DTTAC) at Emory University's Rollins School of Public Health to organizations that want to increase their capacity in offering the National Diabetes Prevention Program (DPP) through the ongoing training and development of Lifestyle Coaches within their organization and its network of partners. This can allow for greater sustainability within large organizations and systems delivering the National DPP lifestyle change program and maintains a high standard of quality assurance for training. Master Trainers *Select* must be affiliated with an organization that has CDC's Diabetes Prevention Recognition Program (DPRP) pending or full recognition, have completed formal Lifestyle Coach Training, and have direct experience delivering the lifestyle change program.

Annual Renewal

Each year, DTTAC asks that organizations and Master Trainers *Select* renew their commitment to the program and its services. The annual renewal fee is \$675 and can be purchased on the [Emory Centers Training Hub](#). Each Master Trainer *Select* must have an organizational sponsor who is affiliated with the organization for which the Master Trainer *Select* is providing training. An organizational sponsor has the authority to confirm the organization's desire to renew the Master Trainer *Select*'s status and will continue to comply with the quality-assurance steps required to maintain Master Trainer *Select* status. This form serves as an agreement between DTTAC, the Master Trainer *Select* and the organization. **Organizational Commitment Forms are due at the annual renewal.**

**Please send completed Organizational Commitment Forms to MTS@emory.edu.*

Renewal Information

Has your Organizational Sponsor changed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Organization Name:	
Organizational Sponsor Name:	
Sponsor Title:	
Sponsor Email Address:	
Sponsor Phone Number:	
Sponsor Mailing Address: (street address, city, state, zip)	
Master Trainer <i>Select</i> Name:	
Master Trainer <i>Select</i> Organization: (If different from sponsoring organization, please explain the nature of the affiliation.)	

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Renewal Information

<p>Has contact information for the Master Trainer Select changed? (Email, phone number, and/or address)</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>If you marked Yes, please provide updated contact information for Master Trainer Select: (Email, phone number, and/or address)</p>	
<p>Please describe the organizational sponsor's relationship with the Master Trainer Select:</p>	
<p>What is your organization's DPRP status? (Pending, Preliminary, Full, Full Plus)</p>	
<p>Describe who within your organization or network will be trained as Lifestyle Coaches in the next twelve months:</p>	
<p>In the next year, how many trainings do you plan to offer, including how many total Lifestyle Coaches?</p>	

Renewal Agreement

The Master Trainer *Select* agrees to comply with the following quality-assurance steps in order to maintain Master Trainer *Select* status. **The Master Trainer *Select* and organizational sponsor place their initials next to each statement to indicate agreement.**

For the 12 months following renewal, the Master Trainer *Select* will:

	Register with DTTAC each Lifestyle Coach training that they facilitate for the organization and/or its network (including the date, location, and number of participants)
	Ensure a DTTAC online evaluation survey is completed by a minimum number of participants in each Lifestyle Coach training that they facilitate
	Interact with DTTAC staff as needed to receive feedback and technical assistance based on participant evaluations and to stay up-to-date on current resources and curriculum
	Use only DTTAC provided standard training slides and materials in Lifestyle Coach training
	Implement Lifestyle Coach training with fidelity to DTTAC's training structure and design
	Not to share above mentioned slides and materials with any other entity without expressed permission of DTTAC or use the materials in any other fashion outside of providing Lifestyle Coach training to the organization or its network



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Renewal Agreement Continued

For the 12 months following renewal, the Master Trainer *Select* will:

	Submit roster of all trained participants at each training to DTTAC within 1 week of the training date
	Attend at least two DTTAC Advanced Webinars for quality assurance purposes
	Provide ongoing mentoring and support to Lifestyle Coaches within your organization and network
	Use the Lifestyle Coach Self-Assessment Tool to reflect on your confidence with program delivery skills

In addition, the Master Trainer *Select* and the organizational sponsor place their initials next to each statement to indicate agreement with the following terms:

	The Master Trainer <i>Select</i> will only train Lifestyle Coaches within a defined audience (your organization and its direct network and partners) for a maximum number of trainings agreed upon with DTTAC each year.
	The MTS will train a minimum number of four Lifestyle Coaches per training to maintain fidelity with the DTTAC training design.
	The Master Trainer <i>Select</i> and organization will be responsible for handling all training logistics, registration, printing of materials and participant fees, if applicable.
	The Master Trainer <i>Select</i> will not to train outside of his/her organization and network nor act as a nationwide Master Trainer. Similarly, the use of DTTAC-proprietary materials for any other purpose is prohibited.
	The organization will continue to renew the Master Trainer <i>Select</i> 's status annually as long as the organization intends to train Lifestyle Coaches. As part of the annual renewal, the Master Trainer <i>Select</i> must participate in an online refresher course and comply with the items above for the following 12 months.
	If the Master Trainer <i>Select</i> is no longer training or employed by the organization, the Master Trainer <i>Select</i> and/or the organization will notify DTTAC immediately. DTTAC training materials cannot be used by anyone other than a DTTAC-trained Master Trainer <i>Select</i> . This agreement is not transferrable to other staff.



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By signing below, I certify that I have completed this form to the best of my ability and agree to the conditions outlined above.

Master Trainer *Select* Signature

Date

Organizational Sponsor Signature

Date