

Master Trainer *Select*™ Recommendation Form

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) preliminary or full recognition, have completed formal Lifestyle Coach Training, and have direct experience delivering the lifestyle change program.

Recommendation Form Instructions

An organizational sponsor is someone who can describe the candidate's skills relevant to the role of Master Trainer *Select* and who has the authority to confirm that the organization is prepared to complete the quality assurance steps required for the candidate to achieve and maintain Master Trainer *Select* status.

A Master Trainer *Select* candidate must have an organizational sponsor who is affiliated with the organization for which the Master Trainer *Select* will be providing training. An organizational sponsor has the authority to confirm the organization's need for an organizational trainer and will ensure compliance with Master Trainer *Select* status.

This form serves as a recommendation for the Master Trainer *Select* candidate and as an acknowledgment of understanding the Diabetes Training and Technical Assistance Center (DTTAC) Master Trainer *Select* program purpose. Please carefully read and fill out the following form. **Upon completion, please email this form to MTS@emory.edu as part of the Master Trainer *Select* candidate's application.**

Organizational Sponsor Information

<i>Name of Contact</i>	<i>Title</i>	
<i>Organization Name</i>	<i>Email Address</i>	<i>Phone Number</i>

Master Trainer *Select* Candidate Information

<i>Name of Applicant</i>	<i>Title</i>	
<i>Organization Name</i>	<i>Email Address</i>	<i>Phone Number</i>

Organizational Sponsor and Master Trainer *Select* Candidate Information

What is your organization's DPRP status?

Preliminary, Full, or Full Plus. Pending status organizations are ineligible.

Candidate's Organization:

(If different from your organization, please explain the nature of your affiliation)

Master Trainer *Select* Candidate Recommendation Questions

Please describe the Sponsor Organization's relationship with the Master Trainer *Select* candidate (1-3 sentences):

Please explain the Master Trainer *Select* candidate's role and experience in the National DPP (3-5 sentences):

Please explain why your organization needs a Master Trainer *Select* (3-5 sentences):

Skills and attributes that an ideal Master Trainer *Select* candidate should possess include the following:

- Ability to facilitate vs. teach
- Understanding adult learning principles
- Ability to provide developmental feedback to positively support lifestyle coach competencies
- Ability to role model group facilitation skills
- Experience using varied instructional methods
- Understand and demonstrate commitment to program and training fidelity
- At least two years of experience delivering the lifestyle change program
- Ability to speak to how scaling the lifestyle change program fits within the broader National DPP strategies within the organization
- Understands behavior change strategies
- Demonstrates commitment to cultural humility

Based on these competencies listed above, please describe and/or reflect on why you believe the Master Trainer *Select* candidate has the skills to be an effective trainer of Lifestyle Coaches for your organization (3-5 sentences):

By signing below, I am recommending the Master Trainer *Select* Candidate and agree to the Master Trainer *Select* program purpose.

Organizational Sponsor Signature

Date