

**MA4 Chronic Disease Self-Management Program Leader  
Memorandum of Understanding**

- I understand that I will be authorized to teach chronic disease self-management education (CDSME), which includes but is not limited to the Chronic Disease Self-Management Program (CDSMP) only after I have attended all required days of leader training and am approved to do so by the Master Trainers. Attendance of trainings does not guarantee leader certification.
- CDSME trainings are only open to those who meet certain qualifications and who have been pre-screened and approved. All applications must receive prior confirmation of their approval to attend the leader training. No walk-ins will be allowed into the training workshop.
- I agree to co-facilitate one 6-week CDSMP workshop within six months following the leader training and a second workshop within a year of my training.
- I understand that the Area Agency on Aging may ask me to submit proposed dates for my workshop(s) prior to attending the training.
- In order to keep my certification as a leader, I agree to teach one 6-week workshop annually from the date of my training.
- I will co-lead with another trained leader for each program I am trained in.
- I understand that the Self-Management Resource Center (SMRC) CDSME programs are heavily scripted and agree to teach in strict accordance with SMRC's Leader manual. I agree not to offer personal advice, health advice, or medical advice. Nothing can be added to these programs.
- I understand that guest speakers may not lead any part of the course.
- I agree to ensure that workshops are held in facilities that are physically accessible to people with disabilities and have meeting rooms that are safe and comfortable.
- I agree to partner with the Area Agency on Aging for submitting class information before a workshop is held, allowing the AAA staff to observe a workshop, and submitting paperwork in a timely manner per the outlined policies and procedures provided by the AAA.
- I understand that as a SMRC leader, I am not an employee of the AAA. I further understand that, depending on the funding source, there may not be a fee for the training and materials at this time, and there may not be financial compensation for the training. I may be responsible for my own transportation, lodging and meals while attending this training.
- I agree to undergo security and awareness training related to the completion, transfer and storage of CDMSE paperwork that may contain personally identifiable information (PII) or, in some cases, protected health information (PHI).
- I agree to sign a nondisclosure agreement related to protected PII and PHI.

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_