

Arthritis Foundation Walk With Ease Program Leader Training and Certification Application

COMPLETE ALL SECTIONS. TYPE OR PRINT NEATLY.

TRAINING REQUIREMENT

I completed the online training workshop on ____/____/____ (date of completion)

PERSONAL INFORMATION

First Name:	MI:	Last Name:
Home Street Address:		
City:	State:	Zip:
Date of Birth:	Daytime Phone:	
Email:		

Do you have professional liability insurance coverage with an aggregate/single occurrence limit not less than one million dollars (\$1,000,000) for personal injury or property damage? YES NO

If yes, list expiration date and policy #: _____

If no, what facility/agency policy are you covered under? _____

FACILITY INFORMATION

Please provide information about the facility/location where you plan to teach. If you plan to teach at more than one location, please attach a list including the facility information requested below.

Facility Name:		
Facility Address:		
City:	State:	Zip:
Phone number:		

QUALIFICATIONS *Attach copy of card(s)

Do you have current ADULT CPR certification? (Required) Expiration Date:	<input type="checkbox"/> YES* <input type="checkbox"/> NO
Do you have current First Aid certification? (Recommended)	<input type="checkbox"/> YES* <input type="checkbox"/> NO

Sign and submit the forms to Nick Turkas at nturkas@arthritis.org.

Leader Statement of Understanding

The Arthritis Foundation has established the following policies and procedures to ensure the quality of its programs. Please sign on the following page to indicate your acknowledgement and acceptance of these requirements:

- As the first step in becoming an AF certified Leader, I will attend and successfully complete the online AF Leader Training Workshop. I will complete and sign this Application Form and Statement of Understanding and meet all appropriate prerequisite qualifications. I will actively participate in all aspects of the training. I may not teach others how to lead the AF program classes.
- I understand that certification as an AF Leader provides me with a limited license to deliver the AF program in which I've been trained as long as I maintain my affiliation with the AF and uphold its policies and procedures. I acknowledge that the AF program materials are copyrighted and agree to honor the programs' copyright protection.
- I will carry professional liability insurance coverage with an aggregate/single occurrence limit not less than one million dollars (\$1,000,000.00) for personal injury or property damage, unless I am covered by my host facility's comprehensive or professional liability insurance policy. I agree to notify the AF immediately if the insurance I agree to carry at any time lapses or I am no longer covered by the facility or my employer.
- I will conduct and support marketing efforts for the AF classes in my community in collaboration with the AF. I will notify the AF in advance of each course series to assure adequate time for promotion and other preparations. I will notify the AF if I stop teaching the AF program at any location. I will assure that participants recognize the AF's co-sponsorship of the program. I will provide participants with information about other AF program and services.
- I agree to follow the standardized program curriculum and will not make any variations in the approved program content or process described in the program leader/instructor manual without prior written permission.
- I will only teach classes at locations or facilities that are safe and meet all conditions required by the program's requirements and procedures. I agree that it is my responsibility to ensure that the location or facility meets any applicable requirements before I begin instructing.
- To protect the AF and myself against legal claims, I will ensure each new course participant has signed a Participant Release Form either through the AF, through the applicable facility, or through my own actions. I will also communicate and enforce the safety principles I learn in the AF Leader Training Workshop.
- If requested, I will submit complete and timely participant data and participate in any other data collection projects that the Arthritis Foundation uses to measure the reach, quality and/or impact of the AF program in accordance with a specified reporting schedule and method.
- I agree to uphold and maintain the policies, procedures and standards of the AF program and to fulfill all obligations listed in the AF Leader Position Description and in the AF Leader manual.

I HAVE READ AND I UNDERSTAND THE PRECEDING STATEMENTS. I FURTHER UNDERSTAND THAT COMPLIANCE WITH THIS STATEMENT OF UNDERSTANDING IS REQUIRED FOR MY TRAINING AND CONTINUED PARTICIPATION AS AN ARTHRITIS FOUNDATION LEADER OR INSTRUCTOR.

Print Name of Leader Applicant

Date

Signature