



My Choice. . . My Health: Diabetes Prevention Program Lifestyle Coach Statement of Understanding

The National Kidney Foundation of Michigan (NKFM) has established the following policies and procedures to ensure the quality of its programs. Please sign on the bottom of the page to indicate your acknowledgement and acceptance of these requirements:

- As the first step in becoming a *My Choice. . . My Health: Diabetes Prevention Program Lifestyle Coach* operating under the authority of the NKFM, I will attend and successfully complete a coach training conducted by trainers who are certified and authorized by DTTAC. I will actively participate in all aspects of the training. I understand that only approved trainers can teach others to become *My Choice. . . My Health Lifestyle Coaches*. I may not teach others how to lead the *My Choice. . . My Health* workshop.
- In order to attend lifestyle coach training, I will pre-register and submit this signed Statement of Understanding. I will be pre-screened by the NKFM to ensure that I have the appropriate qualifications. I will receive written and/or verbal notification that I have been accepted into the training. I understand that walk-ins are not allowed.
- I will complete an approved HIPAA training to be paid for by the NKFM. The HIPAA training will be scheduled by the NKFM or if already trained, it must be approved by the NKFM. I understand and accept that the information I will be collecting is sensitive and confidential and will protect it accordingly. I will not disclose any personally identifiable information provided by the NKFM workshop participants. I will follow all standard safeguards for protecting this information, including storing in secured, locked locations.
- As the second step in becoming a *My Choice. . . My Health Lifestyle Coach* for the NKFM, I will conduct a *My Choice. . . My Health* workshop of 16 weeks duration. The workshop must begin within six months of completing the training. I will be available to conduct post core sessions once a month for 6 to 8 months following the core program as needed. I will receive **\$50** per session as a lead instructor.
- If I or the NKFM decide to terminate the relationship, payment will be for completed sessions only. Payment will be processed once a month for *My Choice. . . My Health* lifestyle coaches.
- As a condition of continuing my role as a *My Choice. . . My Health Lifestyle Coach* for the NKFM, I will further conduct a minimum of one *My Choice. . . My Health* workshop each year.
- I agree to follow the standardized program curriculum and will not make any variations in the approved program content described in the program leader manual without prior written permission. I will cooperate with fidelity monitoring as needed. I will not sell any products to participants.
- I agree to contact the NKFM diabetes prevention program coordinator immediately if that I am unable to deliver a scheduled workshop that I have committed to so that alternative arrangements can be made. I will not hire a subcontractor to deliver my program.
- I agree to participate in annual continuing education activities. I will also attend as many other meetings and participate in monthly conference calls as my schedule allows.

- I will conduct and support marketing efforts for the *My Choice. . . My Health* workshops in my community in collaboration with the NKFM. I will notify the NKFM of sites interested in offering the workshop.
- I will submit all required data to the NKFM within 24 hours of each session and review participant tracking sheets before the next session. Data must be received prior to payment being processed.

Waiver

I am agreeing to represent the NKFM as a health lifestyle coach. No compensation or benefits other than the agreed upon compensation per delivered session will be paid. I understand if an accident/injury occurs, no matter how minor, I will complete an Injury Report Form and seek any necessary medical attention. I agree that the NKFM may use my image for the NKFM displays, educational programs and/or other public relations, and I hereby release any such images/photographs for use in its programs, publications, and purposes.

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 A *My Choice. . . My Health* Lifestyle Coach.

Print Name of Applicant: _____

Date: _____

Signature: _____