



# Application for Class Leader Training

## **Instructions**

This document allows you to complete the form by using the mouse and Tab key.

By entering one's name and date in the spaces provided, the Class Leader Applicant and Sponsoring Agency Contact agree that these are the legal equivalent of their manual/handwritten signatures.

When saving changes, we recommend that you rename the document to include the applicant's last and first name. If you like, keep a copy of the completed form for your records.

## ***Class Leader Application***

- These 2 pages are to be completed in full by the person applying to become a Powerful Tools for Caregivers Class Leader. If a question does not apply to your situation, enter NA. Do not leave any questions blank.
- After completing these 2 pages, the applicant should forward this document to the person at the sponsoring agency authorized to make commitments to support the trainee with their leader training and work as a PTC Class Leader.

## ***Sponsoring Agency Commitment Form***

- This page is to be completed by the designated contact at the agency that is sponsoring the applicant.
- After completing this page, either the agency contact or the applicant can submit the entire document to the person who is registering participants for Class Leader Training.

## ***Class Leader Certification Agreement***

- These 2 pages are a copy of the Certification Agreement that all Class Leaders sign at the completion of their training. It is included here for review by both the applicant and the sponsoring agency contact so each party understands the certification requirements and responsibilities of PTC Class Leaders.



# Class Leader Application

**Please answer ALL questions. Enter NA if the question does not apply to your situation.**

Type of training:  In-person  Online

Name:

Powerful Tools for Caregivers aims to be inclusive with our ongoing efforts to honor diversity. Please select your pronoun/s.

he/him  she/her  they/them  other pronoun/s

## Home Address

Street:

City:

State: ZIP:

County:

Phone:

Email:

## Work Address

Business:

Street:

City:

State: ZIP:

County:

Phone:

Email:

Sponsoring Agency:

Agency Address:

Agency Contact Name:

Agency Contact Email:

Agency Contact Phone: Agency Fax:

Are you a:  Staff member?  Volunteer?

**Why are you interested in becoming a Powerful Tools for Caregivers Class Leader?**

**What other evidence-based programs, if any, have you led?**

**Describe any personal caregiving experience:**

**Describe any professional experience with family caregivers:**

**Describe any experience facilitating a group of adults including group size, type of participants and any outreach to specific communities:**

**Years of group facilitation experience:**

1 yr. or less    2-5 yrs.    5-10 yrs.    10-15 yrs.    15+ yrs.

***For online training only:***

- **Trainees must have their own computer with webcam, microphone, internet access, and PowerPoint. Do you meet these requirements?**  Yes    No
- **Describe your online training experience as a trainer or participant:**
- **Provide the email address to be used during the 5-day online leader training:**

***For in-person training only:***

- **Describe any mobility issues or food allergies.**

**PTC classes must be conducted by 2 certified PTC class leaders.**

Name of person attending leader training with me:

(Or) Name of person in my community who is already certified as PTC leader:

**I agree to co-facilitate two PTC class series within a year of being certified as a PTC Class Leader.**

***By entering my name and date below, I am signing this application electronically and agree that this is the legal equivalent of my manual/handwritten signature on this document.***

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

## Sponsoring Agency Commitment Form

- I believe that \_\_\_\_\_ has the necessary qualifications to be a **Powerful Tools for Caregivers** Class Leader.
- Our organization is willing to sponsor this candidate and assist them in building sustainability for the **Powerful Tools for Caregivers** program in our local community.
- Our organization plans to support this Class Leader applicant and the PTC program's on-going viability in the following ways: *(check all that apply)*
  - Sponsor individual's time to participate in Class Leader Training.
  - Sponsor the individual by paying their leader training fee.
  - Produce PTC Class Leader Scripts and Class Leader Tips Manuals once the individual becomes certified.
  - Provide space for the six-week class to meet.
  - Distribute brochures or flyers to publicize classes.
  - Provide staff time to register class participants.
  - Provide staff time for class preparation and teaching the class.
  - Support outreach, coordination and community collaboration efforts.
  - Sponsor a class series by purchasing copies of *The Caregiver Helpbook* (provided to each caregiver participant).
  - Other: Please describe \_\_\_\_\_

***By entering my name and date below, I am signing this application electronically and agree that this is the legal equivalent of my manual/handwritten signature on this document.***

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Agency Contact Signature

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Date

The *Powerful Tools for Caregivers* (PTC) program is designed to support family caregivers in a way that enhances their well-being as they care for others. It is carefully designed, pilot-tested, evaluated, and refined to ensure program quality and evidence-based outcomes. In order to sustain its positive outcomes, PTC Class Leaders adhere to the following requirements.

- Certified PTC Class Leaders conduct the program as designed: (e.g. follow the script, offer a consecutive 6-week class, co-lead the class with the same pair of certified PTC Class Leaders, use visual aids and handouts as prescribed, and purchase *The Caregiver Helpbook* for each caregiver class participant.)
- The scripted program materials are for PTC Class Leaders only. Materials may not be given to non-certified PTC persons.
- Charges for the 6-week class series may not exceed the cost incurred and PTC Class Leaders agree to refrain from promoting a business for personal gain.
- Prior to any program research or language translation of PTC's copyrighted materials, written agreement must first be obtained from PTC Headquarters. Only professionally translated Script Manuals authorized by PTC Headquarters may be used in delivering PTC classes.

## PTC Class Leader Certification and Recertification Requirements

### New PTC Class Leaders agree to:

- Complete, sign and submit a Class Leader Certification Agreement.
- Conduct two, 6-week class series within the first year of becoming certified as a PTC Class Leader.
- If a certified PTC Class Leader has not co-led the required two 6-week series within a year of being trained, that person must contact PTC Headquarters to discuss recertification steps.

### PTC Class Leaders who have not co-led a 6-week PTC class series for two – five years will lose certification and agree to:

- Contact PTC Headquarters.
- Complete, sign and submit a new Class Leader Certification Agreement.

- Use the most current scripted curriculum provided electronically by PTC Headquarters.
- Resume co-leading their next 6-week class with a certified PTC Class Leader who has conducted a PTC 6-week class series within the last 2 years. No need to complete another 2-day leader training or pay another certification fee.
- Contact PTC Headquarters regarding any exceptions to the above.

**PTC Class Leaders who have not co-led a 6-week class series for over 5 years will lose their certification and will:**

- Contact PTC Headquarters.
- Complete another PTC Class Leader Training.

**Contact PTC Headquarters, [mail@powerfultoolsforcaregivers.org](mailto:mail@powerfultoolsforcaregivers.org), regarding any exceptions to the above.**

**AGREED**

***By entering my name and date below, I am signing this agreement electronically and agree that this is the legal equivalent of my manual/handwritten signature on this document.***

**This is a sample form only.  
You will receive the form you are to sign  
at Class Leader Training.**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Sponsoring Agency* *County of Sponsoring Agency*

\_\_\_\_\_  
*Preferred phone*  *work*  *alternate*

\_\_\_\_\_  
*Preferred email*  *work*  *alternate*

\_\_\_\_\_  
*Phone (work)*

\_\_\_\_\_  
*Email (work)*

\_\_\_\_\_  
*Phone (alternate)*

\_\_\_\_\_  
*Email (alternate)*

**I plan to offer PTC classes for (please check all that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> Caregivers of adults with chronic condition | <input type="checkbox"/> French-speaking caregivers  |
| <input type="checkbox"/> Caregivers of children with special needs   | <input type="checkbox"/> Korean-speaking caregivers  |
| <input type="checkbox"/> Grandparents raising grandchildren          | <input type="checkbox"/> Spanish-speaking caregivers |
| <input type="checkbox"/> Military caregivers                         | <input type="checkbox"/> Other (please describe):    |

**NOTE: Class Leader contact information may be shared for PTC programmatic inquiries.**