DELAWARE Self-Management Programs
TOOLS FOR BETTER HEALTH

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Health Promotion and Disease Prevention

Leader Agreement

Name	
Address	E-mail
Home telephone	Cell phone

**In order to participate in the Self-Management Programs (SMP),
I, on behalf of my role as a Self-Management Leader agree to the following:**

1. Complete a 4-day Lay Leader training and subsequently teach a 6-wk Self-Management Workshop.
2. Receive an approved satisfaction after a Master Trainer observation of one of the 6 sessions.
3. Maintain fidelity of Self-Management Programs and only facilitate the workshops (6 sessions) as outlined in the Lay Leader curriculum for the CDSMP and after satisfactorily completing any additional cross-trainings.
4. Will review and follow the Leaders' Operating Guide after training is complete, prior to first teaching of Workshop.
5. Facilitate at least one entire Self-Management Workshop (6 sessions), preferably within 6 months, but required within 12 months of certification for each Self-Management program certification held.
6. Use and encourage use of all electronic participant forms.
7. Conduct all SMPs in a professional manner, dressing appropriately in casual business attire, being punctual, dependable, void of sensitive issues (political or religious), offensive language or behavior.
8. Treat all participants' information with confidentiality both written, electronic, and verbal, and in accordance to state and federal laws, rules, regulations, and guidelines.
9. Maintain all certification requirements and updates in accordance to state and partner organizations standards.
10. Understand, no education cost reimbursement, if provided, will be received until satisfactorily completing a 6-wk program.
11. The Delaware Self-Management Program will not continue to use those individuals who do not perform as outlined in job description and Self-Management Resource Center requirements.

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Leader Signature   **Date**

Name (Please Print) _____

_____
Program Administrator   **Date**

Updated 6/2021, reviewed 4/2022