



Breaking the Pain Chain Facilitator Statement of Understanding

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

- As the first step in becoming an Arthritis Foundation Breaking The Pain Chain (BPC) Facilitator, I will successfully complete all BPC Facilitator Training activities, including attending a workshop led by trainers who are authorized by the Arthritis Foundation. I will actively participate in all aspects of the training. I understand that only authorized trainers can teach others to become Arthritis Foundation BPC Facilitators.
- In order to attend Arthritis Foundation BPC Facilitator Training, I will pre-register by submitting a completed Registration Form and this signed Statement of Understanding. I will be pre-screened by the Arthritis Foundation to ensure that I have the appropriate prerequisite qualifications. I will receive written notification that I have been accepted into the program training. I understand that walk-ins are not allowed at Arthritis Foundation BPC Facilitator Training Workshops.
- I will participate in a yearly refresher in order to remain as an active BPC Facilitator.
- I understand that I may deliver the BPC program only if I maintain my affiliation with the Arthritis Foundation and uphold its policies and procedures.
- I acknowledge that the BPC program materials are copyrighted and agree to honor the program's copyright protection.
- I will offer BPC classes only at sites that have been pre-approved by the Arthritis Foundation. I agree to notify the Arthritis Foundation if I stop teaching the BPC program at the approved site or if my teaching status changes.
- I will conduct and support marketing efforts for the BPC classes in my community in collaboration with the Arthritis Foundation. I will notify the Arthritis Foundation well in advance of each course series to assure adequate time for promotion and other preparations.
- I will stress my collaboration with the Arthritis Foundation in all marketing materials and during every BPC series. I will assure that participants recognize the Arthritis Foundation's ownership of the BPC. I will provide participants with information about other Arthritis Foundation programs 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 Arthritis Foundation BPC Facilitator Manual.
- Within two weeks after a class series ends, I will submit complete and timely participant information and site data and participate in any other data collection projects that the

Arthritis Foundation uses to measure the reach, quality and/or impact of its programs.

- I agree to uphold and maintain the policies, procedures and standards of the Arthritis Foundation BPC Program and to fulfill all obligations listed in the Arthritis Foundation BPC Facilitator Qualifications & Responsibilities and in the Arthritis Foundation BPC Facilitator Manual.
- I understand that the Arthritis Foundation is a voluntary health organization. If serving in a voluntary capacity, I will not receive compensation or employee benefits from the Arthritis Foundation (an honorarium may be paid).
- I understand that if I have any questions about the policies, procedures and paperwork requirements I can contact the Arthritis Foundation staff at any time to get clarification and support.

I HAVE READ AND I UNDERSTAND THIS STATEMENT OF UNDERSTANDING.

I FURTHER UNDERSTAND THAT COMPLIANCE WITH THIS STATEMENT OF UNDERSTANDING IS REQUIRED FOR MY TRAINING AND CONTINUED PARTICIPATION AS AN ARTHRITIS FOUNDATION BREAKING THE PAIN CHAIN FACILITATOR.

Print Name

Date

Signature