Leader/ Instructor 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 or Instructor, I will attend and successfully complete an AF Leader/ Instructor Training Workshop conducted by trainers who are nationally certified and authorized by the Arthritis Foundation. I will actively participate in all aspects of the training. I understand that only approved trainers can teach others to become AF Leaders or Instructors. I may not teach others how to lead the AF program classes.

- In order to attend an AF Leader/ Instructor Training Workshop, I will pre-register by submitting a completed Application Form and this signed Statement of Understanding. I will be pre-screened by the AF to ensure that I have the appropriate prerequisite qualifications. I will receive written confirmation of my attendance at the workshop. I understand that walk-ins are not allowed at AF Leader/ Instructor Training Workshops.

- As the second step in becoming an AF certified Leader or Instructor, I will conduct an Arthritis Foundation Self-Help Program course series of at least 6 weeks duration or at least six one-hour class sessions of the Arthritis Foundation Aquatic Program or Arthritis Foundation Exercise Program within six months of completing the AF Leader/ Instructor Training Workshop.

- As a condition of maintaining my certification, I will further conduct a minimum of one Arthritis Foundation Self-Help course series or six Arthritis Foundation Aquatic or Arthritis Foundation Exercise class sessions each year. I will send the participant information from these classes to the AF. I will also attend an AF Recertification Workshop every three years and agree to participate in annual continuing education activities when available from the AF.

- I understand that certification as an AF Leader or Instructor 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 Arthritis Foundation 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 offer AF classes only at sites that have a complete and current Program Co-sponsorship Agreement on file with the AF documenting their compliance with AF policies and their acceptability as host sites, including adequate insurance coverage and accessibility to people with disabilities. I agree to notify the AF if I stop teaching the AF program at the approved site or if my teaching status changes.

- I will conduct and support marketing efforts for the AF classes in my community in collaboration with the AF. I will notify the AF well in advance of each course series to assure adequate time for promotion and other preparations.
- I will stress my collaboration with the AF in all marketing materials and during every AF course series. I will assure that participants recognize the AF's co-sponsorship of the programs. I will provide participants with information about other AF 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 program leader/instructor manuals without prior written permission.
- To protect the AF and the host facility against legal claims, I will secure Participant Release Forms from all new course participants and will submit these forms to the AF. I will also communicate and enforce the safety principles I learn in the AF Leader/ Instructor Training Workshop.
- 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 programs 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/ Instructor Position Description and in the AF Leader/ Instructor manuals.
- I understand that the Arthritis Foundation is a voluntary health organization. If serving in a voluntary capacity, I understand that I am not entitled to receive compensation or employee benefits from the Arthritis Foundation.

This agreement applies to:

❒ Arthritis Foundation Aquatic Program
❒ Arthritis Foundation Exercise Program
❒ Arthritis Foundation Aquatic Program for JA
❒ Arthritis Foundation Self-Help Program

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/Instructor Applicant ***Date***

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Signature