



Central Missouri Regional Arthritis Center
 University of Missouri – School of Health Professions
 1507 E Broadway, Hillcrest Hall
 Columbia, MO 65215
 P: (573) 882-8097 F: (573) 884-5509
phelpsam@missouri.edu
www.moarthritis.org



Dear Applicant,

Thank you for your interest in an Arthritis Foundation Exercise Program Instructor. You must pre-register for the workshop by completing a Leader Application, Leader Statement of Understanding, Co-sponsorship Agreement and send a copy of your CPR card (required for training).

Please read the qualifications / pre-requisites for the leader training prior to submitting an application. You will receive a confirmation letter and a pre-training module prior to the training. If you have any questions or concerns about the training or forms, please contact the CEMRAC coordinator, Amber Phelps at 573-882-8097 or phelpsam@missouri.edu.

The cost of the leader training will be covered by the Regional Arthritis Center under the following conditions:

PLEASE INITIAL EACH LINE

- _____ I have secured a teaching location and am submitting a co-sponsorship agreement with this application, along with a copy of my CPR card.
- _____ I have read and signed the Leader Statement of Understanding and am able to fulfill the responsibilities in a satisfactory manner.
- _____ I agree to offer a minimum of 1 ongoing class or 2 time limited classes (a minimum of 1 hour sessions twice a week for 6 weeks) within 12 months of the training.
- _____ I agree to lead the first class within 3 months of the leader training.
- _____ I agree to complete and submit participant data to the Central Missouri Regional Arthritis Center.
- _____ If I fail to complete the conditions outlined above I agree to pay \$50.00 to cover the cost of the workshop in full to the Central Missouri Regional Arthritis Center.

 Applicant's Signature

 Date

Please bring this completed document with you on the day of the training.