



Letter of Agreement

By participating in the Living Well leader training conducted on March 6, 7, 12 and 13, 2009 at St. Elizabeth Hospital, Appleton, WI, I agree to become a partner with the State of Wisconsin's prevention network. This partnership encompasses the following responsibilities:

- Conduct at least 1 Living Well community-based workshop each year. The first workshop will occur within the first 6 months after the training.
- Notify the respective regional AAA (Area Agency on Aging) grant coordinator of any workshops I schedule at least 2 months in advance, using the *Workshop Notification Form*, provided at the Living Well training. (If scheduling is not possible 2 months in advance, notify the AAA grant coordinator as soon as the workshop is scheduled.)
- Use the statewide marketing materials, including the Living Well designated logo, in all promotional materials. Additional marketing materials may be used.
- If not already licensed with Stanford University, contact the Statewide Coordinator (contact information given at training) to receive paperwork to be added to the statewide license.
- Participate in the statewide data collection process, as outlined in the data collection protocol documents.
- Keep up-to-date with program updates through the Program Leaders email list-serve (you will be added after the training) and/or participate in bi-monthly conference calls with other Living Well leaders throughout the state of Wisconsin.
- Provide up-to-date contact information to the Statewide Coordinator of Evidence-Based Prevention Programs in order to receive any program updates.
- Develop an implementation plan. Determine how you/your organization will schedule and offer Living Well classes on a regular basis (who will be involved, organizations you will partner with, who will schedule & register participants, how you will recruit participants, where classes will be held, how your expenses will be covered, etc)
- Maintain communication with designated contact. (This is the regional AAA contact person or another local designated coordinator. The contact will be given at the time of the training.)

I understand that failure to comply with the outlined agreement will result in removal of my leader certification.

This letter of agreement must be signed and returned to the site contact person prior to the first day of training. I understand that I will not be permitted to attend the training if I do not return this signed agreement by **[DATE]**

Signed,

Trainee: _____ Date _____

Site Training Coordinator: _____ Date _____