

ADCES Master Lifestyle Coach Trainer Application

Personal Information Tell us about yourself and your Diabetes Prevention Program experience	
First Name	
Last Name	
Salutation	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mx. <input type="checkbox"/> Dr. <input type="checkbox"/> Other, please specify:
Personal Pronouns	<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers <input type="checkbox"/> They/Them/Theirs <input type="checkbox"/> Other, please specify:
Preferred Phone Number	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
Preferred E-mail Address	<input type="checkbox"/> Home <input type="checkbox"/> Work
Organization (Name, Address, City, State, Zip Code)	
Title/Role in Organization	

<p>CDC requires that all Master Lifestyle Coach Trainers receive 12 hours of formal training as a lifestyle coach by a CDC-approved training entity. ADCES will give priority to Lifestyle Coaches trained in the PreventT2 curriculum through an ADCES Lifestyle Coach training.</p> <p><i>Please provide information about your Lifestyle Coach training.</i></p>	<p>Name of entity that provided training:</p> <p>Date of training (month/year):</p> <p>Location of training (City, STATE or Online):</p> <p>CDC-approved curriculum:</p> <p>Name of Master Trainer:</p>
<p>Health Care License/Registration</p>	<p><input type="checkbox"/> RN <input type="checkbox"/> RD</p> <p><input type="checkbox"/> LPN <input type="checkbox"/> RPh (inc. PharmD)</p> <p><input type="checkbox"/> Other (please specify):</p>
<p>Active Health Care Certifications - check all that apply</p>	<p><input type="checkbox"/> CDCES®, provide CDCES® number:</p> <p><input type="checkbox"/> BC-ADM, provide BC-ADM number:</p> <p><input type="checkbox"/> No active health care certifications</p> <p><input type="checkbox"/> Other (please specify and provide certificate number):</p>
<p>ADCES Membership Status</p>	<p><input type="checkbox"/> Yes, provide ADCES Member Number:</p> <p><input type="checkbox"/> No</p>
<p>CDC requires that all Master Lifestyle Coach Trainers deliver the National DPP lifestyle change program for at least one year. ADCES will give priority to experienced lifestyle coaches delivering the PreventT2 curriculum, through any modality, at an organization with full DPRP recognition. Lifestyle coaches offering PreventT2 programming in organizations with pending or preliminary recognition status should provide additional information.</p> <p><i>Please provide your CDC-recognized organization, DPRP Code, delivery mode, recognition status, curriculum, and the start/end dates of all cohorts you have facilitated.</i></p>	<p>Organization Name:</p> <p>DPRP Code:</p> <p>Delivery Mode: <input type="checkbox"/> In Person Only <input type="checkbox"/> Online Only <input type="checkbox"/> Distance Learning Only <input type="checkbox"/> Combination</p> <p>CDC DPRP status: <input type="checkbox"/> Pending <input type="checkbox"/> Preliminary <input type="checkbox"/> Full <input type="checkbox"/> Full Plus</p> <p>CDC-approved DPP Curriculum: (check all that apply) <input type="checkbox"/> PreventT2 <input type="checkbox"/> Lifestyle change <input type="checkbox"/> Other (please specify):</p> <p>List start dates, end dates, and locations of cohorts you have facilitated as a Lifestyle Coach:</p>
<p>If your organization has not yet attained full recognition status, please provide additional context about your organization's diabetes prevention experience</p>	

<p>Aligned with our guiding principle that quality diabetes prevention will be available to all, ADCES will train Master Trainers who commit to capacity building within large hospitals or health systems, engage priority populations at increased risk for type 2 diabetes, and/or work within structurally marginalized states or communities where diabetes prevention programming is not accessible.</p> <p><i>Please select the statement(s) that apply to you.</i></p>	<div> <input type="checkbox"/> I will train staff within a large health or hospital system <i>Please identify:</i> </div> <div> <input type="checkbox"/> I will train providers, community health workers, and others within a priority population (e.g. immigrants, tribal communities, other ethnic/language minorities, or occupational group) <i>Please identify:</i> </div> <div> <input type="checkbox"/> I will train providers, community health workers, and others within an underserved area (e.g. rural Arkansas) <i>Please identify:</i> </div>
<p>In 500 words or less, describe your experience working with and within your health/hospital system, priority population, or community area to provide diabetes prevention by responding to one or both questions below:</p> <ol style="list-style-type: none"> 1. Why would you be an ideal Master Trainer to build capacity within your health system, priority population, or community area? 2. What specific skills have you developed as a Lifestyle Coach/Program Coordinator that you would share with future Lifestyle Coach training cohorts? 	

<p>ADCES' approach to prevention builds on our lasting commitment to evidence-based practice, our experience in providing inclusive, person-centered care, and a commitment to facilitating health behavior change through self-management approaches. In 500 words or less, respond to one of the prompts below:</p> <ul style="list-style-type: none"> • How do you ensure fidelity to the CDC PreventT2 curriculum while providing person-centered and inclusive care to individuals in your group? • ADCES believes that self-management through healthy self-care behaviors like healthy coping, being active, healthy eating, monitoring, and problem solving is critical for diabetes and prediabetes care. How have you supported program participants in building self-management skills through your diabetes prevention program? 	
<p>In 750 words or less, describe your experience achieving CDC recognition, including recruitment and retention goals, diabetes risk reduction outcomes, and other requirements in response to the following questions:</p> <ol style="list-style-type: none"> 1. What strategies do you use to ensure participant readiness and commitment? 2. How do you ensure program retention to 17 sessions? 24 sessions? 3. How do you support the achievement of diabetes risk reduction goals including weight loss, weight loss maintenance, attainment of 150 minutes of moderate intensity physical activity, and A1c reduction? 	

Additional Program Information Tell us a bit more about your Diabetes Prevention Program.		
Organization Name		
Street Address		
City, State, Zip		
Identify the type of organization - check all that apply.	<input type="checkbox"/> Local or community YMCA <input type="checkbox"/> Pharmacies/Drug Stores/Compounding Pharmacies <input type="checkbox"/> State/Local Health Department <input type="checkbox"/> Universities/Schools <input type="checkbox"/> Faith Based Organization/Churches <input type="checkbox"/> Worksites/Employee Wellness <input type="checkbox"/> Senior/Aging/Elder Centers <input type="checkbox"/> Health Plans/Insurers <input type="checkbox"/> Hospitals/Healthcare Systems/Medical Groups/Physician Practices <input type="checkbox"/> Indian Health Service/Tribal/Urban Indian Health Systems <input type="checkbox"/> Community Based Organizations/Community Health Centers/Federally Qualified Health Centers <input type="checkbox"/> Business Coalitions on Health/Cooperative Extension Sites <input type="checkbox"/> For-profit Private Businesses <input type="checkbox"/> Accredited or recognizedDSMES <input type="checkbox"/> Other (please specify):	
Including the participants you have engaged, how many participants have participated in the program through your organization? Including the programs you have led, how many cohorts have been delivered in the past 24 months?	<i># of participants:</i> <ul style="list-style-type: none"> • In Person Only: • Online Only: • Distance Learning Only: • Combination: 	<i># of cohorts:</i> <ul style="list-style-type: none"> • In Person Only: • Online Only: • Distance Learning Only: • Combination:
Describe the demographics—race, ethnicity, gender, education level, age, language, and other characteristics—of your PreventT2 or diabetes prevention program cohorts.		

Attestation

I certify the information provided on the ADCES Master Lifestyle Coach Trainer Application is accurate. I authorize ADCES and its representatives to take any steps necessary to verify the completeness and accuracy of the information provided. I agree that if any of this information is incomplete or inaccurate, my application may be removed from the ADCES Master Lifestyle Coach Trainer selection process. I understand and agree that ADCES may use the contact information provided to communicate with me regarding the ADCES Master Lifestyle Coach Trainer selection process. If I hold the Certified Diabetes Care and Education Specialist (CDCES) credential, I understand that I may be contacted by the Certification Board for Diabetes Care and Education (CBDCE) in relation to this application. I understand that final approval to attend the ADCES Master Lifestyle Coach Training is made by ADCES and that, following that determination, I may be invited to attend the training and will receive additional information regarding registration fees, training location, and standards to serve as an ADCES Master Trainer. Reimbursement of travel expenses for attending the two-day, in-person ADCES DPP Master Lifestyle Coach Trainer program will not be provided by ADCES.

Signature:

Printed Name:

Date:

Applications are due Friday, May 20 at 5:00 p.m. Central Time. Submit your completed application to dpp@adces.org. For application questions, contact us at 312.601.4867 or email dpp@adces.org.