



Longevity Lifestyle Matters Certified Facilitator Agreement

My signature below indicates that I have read, understand, and agree to comply with the components outlined in the Certified Facilitator Agreement in order to maintain active use of my CF ID#, which include:

1. Present the program as outlined in the LLM Facilitator Guide without combining it with any other program or adding or subtracting components.
2. Role-model the program components to the best of my ability.
3. Utilize the 'Education' and the 'Brain Talk' Q&A video DVD presentations, Expedition Game, books, program forms, and other materials at each session.
4. Purchase an Attendee Packet for each person who attends the LLM Program.
5. Three to four months in advance of the proposed LLM program, email info@pacifichhealth.org or thebrain@arlenetaylor.org with information to personalize and prepare the LLM program brochure. Include the following:
 - Your name, assigned CF ID #, and mailing address
 - Location of the Program and scheduled start date
 - Number of attendees expected and whether there will be a childcare program
 - Number of attendee packets and other supplies to ordered
6. Maintain open communication with the designated LLM Designee regarding the planning, progress, needs, supplies, and presentation of the program.
7. Refrain from making copies of video DVDs, paperback books, audiobooks, games, or other materials—except for forms and signs provided on the thumb drive. Make copies of the Facilitator Guide and 122 Questions for LLM CF use only.

8. Act in a professional and ethical manner at all times and wear either professional or business casual attire when functioning as a CF.
9. Refer attendees to the website for additional information: www.LLM.life
10. Arrive at the program site in a sufficient time to prepare or assist in preparing the learning environment prior to attendees arriving. Start and end on time.
11. Greet attendees in a friendly professional manner and ensure they sign in. Assist attendees with housekeeping items (restroom location, measuring area, etc.).
12. Oversee registration, weekly measurements, compiling points from forms such as the Individual Goals and Group Points, evaluations, and other duties that need to be done. Remain until attendees have departed and program site is clean.
13. At the completion of the 12-week program, provide all registered and paid attendees with the approved LLM program certificate. (Nurses who want CE credit must send the completed CE request form directly to Dr. Taylor.)
14. At the end of each program send copies of Registration forms and evaluation forms to Dr. Taylor as requested for ongoing research.
15. If unable to facilitate a scheduled program session, arrange for another LLM CF to facilitate. Provide timely notification to all registered attendees if a program must be cancelled for any reason.

Date _____ Signed _____
LLM Certified Facilitator Applicant

Print name _____

_____ - *LLM Office Use* - _____

Date Rec'd _____ By _____

CF ID # _____