**New Instructor Training Application**

**Tai Ji Quan: Moving For Better Balance (TJQMBB)**

**Location: Reimers Conference Room-McGovern Alumni Center, Fargo, ND**

**Training Date: Tuesday-Wednesday, April 9-10, 2024 (8:00 – 5:00** **CST)**

Please note: Class session availability is based on the timing the applications are received.

***Instructions: Please provide the following information describing your ability to deliver TJQMBB classes in your community. Consult with your sponsoring organization (employer) for questions.***

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| --- | --- |
| Name: | Title: |
| Sponsoring Organization Name: |
| Mailing Address: Street:  | City:   | State:  | Zip: |
| County where classes program will be provided: |
| Email: | Phone: |
| *Why are you interested in offering TJQMBB classes?* |
| *Please list your experience working with older adults.* |
| *Please list your experience leading exercise or physical movement classes.*  |
| *Please list your experience, if any, participating in and/or leading Tai Chi or Tai Ji Quan classes.* *(Note: This is not a pre-requisite.)* |
| *Training Capacity – Describe your plans to facilitate at least one 12-week (twice a week for an hour) class each year.* |
| *Please indicate any special accommodations you may require.*  |

**I have discussed the following topics with my sponsoring organization (*check all that apply*):**

[ ]  Location and space where classes will be held

[ ]  Marketing

[ ]  Fee for classes (if any) - Implementation materials for participants is minimal ($3-$5 per person per

class) and will be covered by a ND Department of Health and Human Services grant for participants aged 60 and older. For additional information or questions on costs and reimbursement, contact Jane Strommen, NDSU Extension.

[ ]  Sponsoring organization’s commitment and support it will provide to you as a leader

**By checking each item below, I am agreeing to the specific responsibilities involved in becoming a North Dakota TJQMBB class leader. I agree to:**

[ ]  Successfully complete the initial 2-day training session and one-day follow-up session.

[ ]  Following the initial two-day training, register on Dr. Li’s TJQMBB website and practice with

 Dr. Li’s video clips in preparation for your community class sessions.

[ ]  Conduct at least one 12-week *(twice a week for an hour)* community-based class within the first

 year and each year thereafter adhering to TJQMBB program fidelity.

[ ]  Comply with program documentation and reporting requirements of NDSU Extension.

 [ ]  Meet requirements to participate in the training, which include:

* Fitness level to fully participate in two days of very physical, movement-based training.
* Experience working with older adults (ideally leading exercise programs).
* Willingness to complete all assigned pre-work (estimated 1 – 2 hours) and post work practice and preparation for offering classes (initially estimated 20 – 30 minutes per class session).
* Full attendance at and engagement in all components of the training sessions.

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| --- |
| Signature of applicant (type name as signature): Date: |

 **CONTACT INFO for LOCAL SPONSORING ORGANIZATION (EMPLOYER):**

Name: Agency Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Our organization agrees to be the sponsoring organization (employer) for this *TJQMBB* applicant.

**SIGNATURE of SPONSORING ORGANIZATION REPRESENTATIVE DATE**

[ ]  **Submit by email no later than Thursday, March 28th to: jane.strommen@ndsu.edu**