



Parents Empowering Parents (PEP) Program “Train the Trainers” Seminar Overview

WHAT:	<p>A three-day training seminar that covers the Parents Empowering Parents (PEP) Program. Participants will learn how to implement the groundbreaking PEP Program at their local institutions. The <i>Train the Trainers</i> seminar covers all of the course materials and also includes instruction in facilitation, speaking to an audience and group dynamics. The trainers will also help you develop a plan to rollout PEP at your center, which will serve as the basis for a grant application.</p>
WHY:	<p>To help parents at your institution face the unique responsibilities of parenting a child who has a bleeding disorder. The PEP Program will enhance the therapeutic relationship between parent and treatment staff and increase parents' understanding of their child's bleeding disorder. The program also strives to heighten the parent's ability to respond objectively and consistently to bleeding episodes and to provide them with skills necessary to more effectively parent their children at the earliest age possible.</p>
WHEN:	Fall 2017 (Date TBD)
WHERE:	The Hilton Garden Inn Romulus, MI (Detroit Metro)
HOW:	<p>RSVP to this invitation and submit your completed registration form. E-mail to PEP.Suzanne@gmail.com **NOTE: You need only complete and return the <i>Train the Trainers</i> Registration Form, which is the final two pages of this document.</p>
WHO:	<p>Professionals working with patients at Hemostasis/Thrombophilia Treatment Centers.</p> <p>Parents who have been through a local PEP program/who do not work for industry.</p> <p>Due to the anticipated demand, each center is allowed a limited number of participants and priority is granted on a first-come-first-served basis. If we receive your registration after all slots have been filled, we will notify you and keep you on our mailing list for future programs. Once we have received your completed application, you will be assisted to make your travel arrangements.</p>
COST:	<p>PEP will provide for the following costs:</p> <ul style="list-style-type: none"> -Airfare (advance-purchase, roundtrip coach airfare-after reservations are made.) -Hotel (room & tax for 2-3 night stay during the training) -Group meals -Group transportation/shuttle to and from the host Airport (reimbursed onsite) <p>Each participant will be responsible for the following out-of-pocket expenses, including, but not limited to:</p> <ul style="list-style-type: none"> - Meals/snacks not part of scheduled programming (e.g., if the flight arrives the night prior to the meeting, or leaves prior to its end, participant is responsible for those meals) - Room incidentals (e.g., mini-bar, room service, phone charges, in room movies, etc.) - Airport parking costs in the city of origin - Transportation or gasoline used to and from the airport in the city of origin - All change ticket fees are the responsibility of program participants after reservations have been made. Unused tickets are the responsibility of the participant when they cancel participation in the program aft flight reservations are made. In such cases PEP will invoice the participant for the cost of the cancelled ticket.



Parents Empowering Parents (PEP) Program
Train the Trainers Registration Form

Please review the criteria below. If you meet the criteria, please fill in all the requested information, and submit to the PEP Executive Administrative Assistant, Suzanne Jones, at PEP.Suzanne@gmail.com.

Parent applications will be processed for only those who have attended a local PEP program (please consult Suzanne Jones regarding assistant attend a PEP program for those parents wishing to become trainers) and then granted on a first-come, first-served basis until the session reaches capacity. You will be notified after your information has been received and reviewed. Thank you for your interest in PEP!

Deadline: Registration material must be received ASAP.

Criteria to attend Train the Trainers: each attendee **must** meet one of the following criteria. Please put a checkmark by the description that fits you.

- HTC Nurse
- Hemophilia Nurse who is employed at a hospital serving a hemophilia population (not necessarily funded through National Hemophilia Foundation/Mother & Child Health Bureau/CDC)
- HTC Social Worker
- NHF Chapter Hemophilia Social Worker
- Hemophilia Social Worker from a hospital serving a hemophilia population (not necessarily funded through NHF/MCHB/CDC)
- Parent of a child with a bleeding disorder (not necessarily from federally funded center) who has attended a PEP Program, been recruited by the above, and has agreed to become a trained parent facilitator.

Hospitals must serve a hemophilia/inherited bleeding disorders population (not necessarily funded through NHF/MCHB/CDC) via a comprehensive model (i.e., hematologist, social worker, nurse)

Background Information

Who from your center has attended the PEP *Train the Trainers* in the past? (Please list names and titles)

If you are a parent, have you completed a PEP program? (YES or NO) _____ Date Completed: _____

If not, do you need assistance locating a PEP Program to attend in your local area? (YES or NO) _____

If you are a nurse/social worker, have you or someone else from your hospital/center/hemophilia chapter been through a PEP program? (YES or NO) _____ Date: _____

** Are you or anyone in your immediate family associated with/employed by a home healthcare company or pharmaceutical company? (YES or NO) _____

**** Homecare/Industry Conflict of Interest Note:**

The policy guidelines for the PEP program state that parents employed by industry may (1) attend their local PEP program as the parent of a child with a bleeding disorder, but (2) may not become a PEP parent trainer. **Parents who fall into this category are** ineligible to attend the T3 as this would be put them at risk for conflicts of interest. We appreciate your cooperation following these PEP program's policies.

I have read and understand the above:

Signed: _____ Date: _____



Contact Information
(Please Print Clearly or Type)

If you need assistance completing this form, email your phone and contact information to Suzanne Jones at pep.suzanne@gmail.com

Mr. /Ms.	First Name	MI	Last Name	Title/s
----------	------------	----	-----------	---------

(as you would like it to appear on registration/training materials)

In what state do you live?

Affiliation (e.g., Give Full Hospital and/or Hemophilia Treatment Center Name)

Your Mailing Address (Please check one: home center)

City	State	Zip Code
------	-------	----------

Primary Phone Number	Secondary Phone Number
----------------------	------------------------

Email Address

Parents Only: Number/Ages of Children with Bleeding Disorder/ Type of Bleeding Disorder

Primary language spoken and/or target population: ___ English ___ Spanish ___ Arabic

I have been recruited to become a Trained PEP Parent facilitator by:

Name: _____ Contact Info: _____

Center Information (Professionals Only):

Number of Children (ages 0-11) followed in Treatment Center

Major Issue/s Affecting Patients

Major Issue/s Affecting Parents

(Use additional paper if necessary)

