ADVANCED SUPERVISORY SKILLS

TRAIN THE TRAINER (T4T) MEMORANDUM OF UNDERSTANDING

Under this Agreement, __________________________________________ (PRINT NAME), from __________________________________________________ (PRINT AGENCY NAME), I consent to the following:

(a) I forfeit all rights to train the Advanced Supervisory Skills material upon termination of employment with the contracting agency, full-time, part-time or contractual, unless specific permission is granted by the University of Cincinnati Corrections Institute (UCCI).

(b) I will not train the Advanced Supervisory Skills material outside the scope of my current employment, unless granted permission by the University of Cincinnati Corrections Institute (UCCI).

(c) Upon completion of each training session, I will submit the names, titles, and emails of all trainees to the University of Cincinnati Corrections Institute (UCCI) for certification of attendance.

_________________________________  __________________________
Trainee  Date

_________________________________  __________________________
University of Cincinnati Representative  Date