UNIVERSITY OF CINCINNATI (UC)
WOMENS RISK NEEDS ASSESSMENT (WRNA)
TRAINING-OF-TRAINERS (TOT) MEMORANDUM OF UNDERSTANDING

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

(a) I acknowledge and understand this Women’s Risk Needs Assessment (WRNA) training-of-trainers’ protocol as outlined in the attached description.

(b) I forfeit all rights to train the Women’s Risk Needs Assessment (WRNA) 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).

(c) I will not train the Women’s Risk Needs Assessment (WRNA) outside of my employment or current relationship with the contracting agency, as an independent contractor or consultant, either for profit, or in any way that competes with the training offered by the University of Cincinnati Corrections Institute (UCCI).

(d) Upon completion of each training session, I will submit the names/titles/email addresses of all trainees who completed the full end user training (if applicable, identifying pass/fail status of certification exam) to the University of Cincinnati Corrections Institute (UCCI) via email at corrections.institute@uc.edu.

(e) I recognize that the University of Cincinnati holds ownership and copyright of the Women’s Risk Needs Assessment (WRNA) material, and as such I will abide by all copyright laws and restrictions as outlined in the training manual.

_________________________________       _______________
Trainee         Date

_________________________________         _______________
University of Cincinnati Representative     Date