



Lamaze® Evidence-Based Nursing Care: Labor Support Skills License Agreement

CURRICULUM LICENSING TERMS & AGREEMENT

1. Lamaze International Agrees to Provide to Licensee:

- 1.1 Web access to the following trainer curriculum and workshop materials:
 - a. Curriculum with teaching strategies for all topics.
 - b. A list of recommended audiovisuals and resources.
 - c. Continuing education chart so that the Licensee can apply for Lamaze and nursing contact hours.
 - d. PowerPoint presentations of text-only (no pictures) of the teaching sections.
- 1.2 Participant workbooks (for a fee).

2. Licensee and Licensed Instructors Requirements:

- 2.1 Licensed Instructors must attend the train-the-trainer workshop and/or the *Lamaze Evidence-Based Nursing Care: Labor Support Skills* Workshop prior to being granted a license to teach.
- 2.2 The trainer's guide and workshop materials including the workbook will be utilized and followed to ensure that learning objectives are adequately covered. No omissions will be made to the instructional content of the curriculum.
- 2.3 Use the full title of the workshop "*Lamaze Evidence-Based Nursing Care: Labor Support Skills*" in all relevant communications. A subtitle and/or name of the presenting Licensee may be used in promotion of the workshop.
- 2.4 Licensee and Licensed Instructors acknowledge and agree that the instructional materials, including but not limited to the *Lamaze Evidence-Based Nursing Care: Labor Support Skills* curriculum, visual aids, support reference materials and other educational curriculum items are the sole property of Lamaze International, extended to the Licensee for use and controlled distribution. These instructional materials are not the sole property of any one person, entity, organization or group of individuals by right, authority or possession other than Lamaze International who gives notice that all rights are reserved.

3. Lamaze and Nursing Contact Hours:

- 3.1 Licensee may obtain seven (7) Lamaze and nursing contact hours for the workshop. Licensee must submit a Specialty Workshop Contact Hour Approval Application with payment at least 60 days in advance of the scheduled workshop and adhere to terms of contact hour approval. The Specialty Workshop Contact Hour Approval Application can be found through Web access upon approval of License Agreement.

4. License Agreement Term:

- 4.1 The term of the license commences on the date of the signed agreement and terminates twelve months from that date.

5. Licensing Fees:

- 5.1 Licensee may purchase an individual license to cover the use by one specified trained instructor.
- 5.2 Licensee may purchase a group license which grants up to five (3) trained instructors to teach the workshop, specified in the License Agreement.
- 5.3 Licensee may purchase an institutional license which grants an unlimited number of trained instructors to teach the workshop, specified in the License Agreement.
- 5.4 Only Licensed Instructors under this agreement may teach the workshop. However, in the event of that a Licensed Instructor is co-teaching with a non-licensed instructor, all instructors must adhere and agree to the terms as provided in this agreement. Co-instructors are not Licensed Instructors and must co-teach with a Licensed Instructor.
- 5.5 Select individual or institutional license type:

License Type	License fee	Check One
1. Individual – 1 Instructor	\$250.00	
2. Group– up to 3 instructors	\$500.00	
3. Institutional (unlimited users)	\$1,000.00	



Licensee/Instructor Information

Licensee:

Name of Contact: _____
Institution Name: _____
Mailing address: _____
City: _____ State/Province: _____ Zip/Postal Code: _____
Daytime Phone: _____ Evening Phone: _____
Fax: _____ E-Mail Address: _____

Licensed Instructors:

1. Name: _____ Training Date/Location: _____
Daytime Phone: _____ Evening Phone: _____
Fax: _____ E-Mail Address: _____

2. Name: _____ Training Date/Location: _____
Daytime Phone: _____ Evening Phone: _____
Fax: _____ E-Mail Address: _____

3. Name: _____ Training Date/Location: _____
Daytime Phone: _____ Evening Phone: _____
Fax: _____ E-Mail Address: _____

4. Name: _____ Training Date/Location: _____
Daytime Phone: _____ Evening Phone: _____
Fax: _____ E-Mail Address: _____

5. Name: _____ Training Date/Location: _____
Daytime Phone: _____ Evening Phone: _____
Fax: _____ E-Mail Address: _____

By signing below, the Licensee agrees to the terms and responsibilities set forth in this agreement.

Licensee Representative Name Print

Linda Harmon, Lamaze International

Licensee Representative Signature

Linda Harmon Signature

Date

Date