



Qigong Sensory Training Institute

QST Master Trainer Candidate Application Packet

www.qsti.org
info@qsti.org

QST Master Trainer Development Program

Overview

Therapists who successfully complete all the requirements of all phases of QST Master Training Development Program and are awarded QST Master Trainer status are qualified to teach the QST2 Dual Therapist course.

Prerequisites

- Therapist has successfully completed QST2 Dual training
- Therapist has successfully worked with 12 children and families through the QST2 treatment protocol (parent training, 20 treatment sessions over the course of 5 months, daily treatment by parents). The children shall have an educational and/or medical diagnosis of autism and be between the ages of 2 to 11 years.
 - Documentation requirement: Submit 12 pre-/post-test Sensory and Self-Regulation Checklists to the Supervising Master Trainer. Pre- and post-test scores should be entered onto an Excel spreadsheet with a column showing the change in scores from pre to post. This Excel spreadsheet is to be submitted along with copies of the completed pre-/post-tests.

Application Process

- If prerequisites have been met, the therapist can complete the QST Master Trainer Development Program application form. A recommendation from the instructor of the QST2 course she/he attended *and* her/his supervisor from the course (if it is a different person) will need to be submitted to QSTI directly from the course instructor. The therapist applying for the master trainer development program will be responsible for contacting the course instructor and clinical supervisor to have the recommendation forms completed and submitted to QSTI.
- Once the application form and required documents have been received by QSTI, the forms will be reviewed and the applicant will hear whether she/he is accepted into the program within 10 business days.

Master Trainer Development Program

Participants in this program will:

- Teach a minimum of four presentations during a 4-day QST2 Dual training
- Provide supervision and support to a minimum of two therapists in training during the clinical supervision portion of the QST2 Dual training course
- Review and sign the Assessment Form from the Master Trainer at the end of the 5-month training course

Criteria for Successful Completion of the Master Trainer Development Program

- Demonstrate full knowledge of the QST2 Dual treatment protocol methodology
- Demonstrate the ability to interpret and adapt the QST massage to children's responses
- Demonstrate the ability to effectively connect, communicate, and coach a variety of parents/families
- Demonstrate flexibility in approach to difficulties presented by therapists, parents and children
- Receive the recommendation from the QST Master Trainer to receive QST Master Trainer certification

To review the complete criteria by which the apprentice trainers will be evaluated, see the QST2 Master Training Development Program Assessment forms.

Cost: \$1000

Contents of Application Packet

- QST Master Trainer Candidate Application Form
- QST Master Trainer Candidate Agreement
- QST2 Course Materials Use Agreement Form
- Master Trainer and Master Trainer Candidate Roles
- QST Master Trainer Candidate Recommendation Form - Course Instructor
- QST Master Trainer Candidate Recommendation Form - Clinical Supervisor
- QST Master Trainer Candidate Assessment Form (for your review only)
- QST2 Course Worksheet and Agreement Form (for your review only)

QST Master Trainer Candidate Application Form

Name: _____

Home Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Email: _____

Skype address: _____

1. Please initial each prerequisite, below, that you meet. If more space is needed to complete this section, please attach an additional page.

_____ I am healthy, energetic, and taking little or no chronic medication. *The reason for this requirement is that Qigong Sensory Training (QST) utilizes the energy, intention and sensibility of the QST therapist. According to Chinese medicine, chronic illness and chronic medication decrease a person's overall energy and sensitivity, and thus the resources they bring to bear in working with QST.*

_____ I have successfully completed QST2 Dual therapist training in _____ (year) with _____ (name of QST Master Trainer)

_____ I have successfully worked with a minimum of 12 children with autism ages 2-11 and their families through the QST2 treatment protocol (parent training, 20 treatment sessions over the course of 5 months, daily treatment by parents).

_____ I am submitting with this application 12 pre-/post-test Sensory and Self-Regulation Checklists to the Supervising Master Trainer and an Excel spreadsheet with a summary of the pre-/post-test scores.

_____ I have received and reviewed: (1) the Master Training Development Program Assessment Form and (2) Master Trainer Candidate and Master Trainer Roles document.

_____ I submitted the QST Master Trainer Candidate Recommendation forms to the course instructor and clinical supervisor for the QST2 course that I attended and requested that they complete it and return it to QSTI. (Note: It is the applicant's responsibility to ensure that the recommendation forms have been submitted to QSTI.)

2. Please initial each criteria below to indicate that you understand the criteria for becoming a QST Master Trainer. The criteria include demonstrating to the satisfaction of the Supervising Master Trainer the following:

_____ Full knowledge of the methodology

_____ The ability to interpret and adapt the massage to children's responses

_____ The ability to effectively connect, communicate, and coach a variety of parents/families

_____ Ability to effectively teach, connect, communicate, and coach QST2 course students

_____ Flexibility in approach to difficulties presented by therapists, parents and children

3. Please initial each requirement below to indicate that you understand the requirements for becoming a QST Master Trainer:

_____ Co-teach a four-day QST2 Dual training with a Master Trainer

_____ Supervise a minimum of two therapists (including 1st and 2nd series conference calls) with supervision support from a Master Trainer

_____ Receive recommendation of Supervising Master Trainer regarding certification as a QST Master Trainer

4. Read and sign the Master Trainer Candidate Agreement form and QST2 Course Materials Use Agreement form and return with this application.

By signing below, I certify to the truth and accuracy of the information provided on this registration form. I understand that if it is found that the information provided in this section is not accurate, I may not be eligible to receive QST Master Trainer status.

Signature of Participant

Date

Application Fee: \$1000

QST Master Trainer Candidate Agreement

As a QST2 Dual therapist who has experience implementing QST2 Dual with children with autism, you are applying to become a QST Master Trainer. This process, as detailed above, will take approximately 6 months. During that time, you will be supervised by a QST Master Trainer. You will be expected to be a full partner in co-teaching the QST2 Dual 4-day training and to fully supervise therapists assigned to you by your Supervising Master Trainer.

Your graduation from the Master Trainer Development Program will depend upon satisfactory rating by your Supervising Master Trainer using the Master Trainer Assessment Form to assess your performance. If you successfully meet the assessment criteria, you will be certified as a QST Master Trainer. If you do not successfully meet the assessment criteria, you will not be certified as a QST Master Trainer. This determination will be made by your Supervising Master Trainer in conjunction with Dr. Kevin Jeffers. You will receive a completed copy of the Master Trainer Assessment Form, signed by your Supervising Master Trainer and Dr. Jeffers upon completion of the program.

Upon certification as a QST Master Trainer, you will be authorized to teach the QST2 Dual course in partnership with the Qigong Sensory Training Institute.

By signing this form, you signal your agreement to the policies described above.

Signature: _____

Date: _____

Printed Name: _____



QST2 Course Materials Use Agreement Form

By signing below, I acknowledge the following:

1. The QST2 course materials (PowerPoint files, videos, and manual) are the property of QSTI.
2. The QST2 course materials may not be edited, duplicated, shared, or sold without written permission from QSTI.
3. The PowerPoint files and videos may only be used when delivering a QST course under a written agreement with QSTI. (*See QST Course Worksheet and Agreement Form.*)
4. Upon completion of your QST2 course, assessments of how each participant did during the course shall be submitted to QSTI along with a list of the names of the participants that graduated from the course.
5. QST Master Trainers are required to pay QSTI for use of the QST course materials. In return, QSTI provides services assisting the master trainers in implementing the course and also provides up-to-date course materials. Master Trainers can select one of the following options for each course they conduct.

Payment in the amount of 15% of the participant registration fees for the QST2 courses you offer shall be remitted to QSTI within one month from the start date of the course. This fee covers:

- Posting information about the course on the QSTI website, including course description, dates, your contact information, registration form
- Provision of the most recent versions of the QST2 course materials in an electronic format
- Referrals to your course from QSTI, when people from your region request information about QST professional training
- Posting your course graduates' names and contact information on the QSTI website list of therapists

Option #1 - Master trainer organizes and teaches course

- Master Trainer recruits, arranges and pays for venue, arranges food, suggests suitable accommodations. Master Trainer also pays for curriculum manual and required books (QSTI can provide these at cost).
- < 5 students: Master Trainer pays QSTI 10% of tuition
- 5-7 students: Master Trainer pays QSTI 15% of tuition
- 7-10 students: Master Trainer pays QSTI 15% of tuition + 50% of net profit (tuition - 15% - Master Trainer expenses - 4d training fee \$4000 - supervision costs)
- QSTI lists course on website 6-12 months in advance, and targets the area where the workshop will take place with Google/Facebook ads for 30 days 4 months prior to workshop
- **Cost: \$1995** USD/student. Master Trainer has discretion to reduce course fee

Option #2 - QSTI organizes course

- QSTI recruits, arranges, and pays for venue, arranges food, suggests suitable accommodations, pays for curriculum manual and required books
- Master Trainer is compensated \$670 per student for the workshop + \$500 per student for supervision
- QSTI pays for travel expenses, housing, and per diem for the Master Trainer
- **Cost: \$1995** USD/student. QSTI has discretion to change course fee (depending on cost of airline tickets / hotels for Master Trainer)
- QSTI reserves the right to cancel a course if the minimum student participation is not met (varies pending expenses)
- QSTI will list course on website 6-12 months in advance, and targets the area the workshop is in with Google ads for 30 days 4 months prior to workshop

Option #3 - third party (agency, single donor) organizes the course e.g. Maryland, Nantes

- QSTI negotiates a tuition fee and coverage for expenses with the third party
- Master Trainer is compensated \$670 per student for the workshop + \$500 per student for supervision
- QSTI pays for travel expenses, housing, and per diem for the Master Trainer

Cost of training: subject to negotiation

Signature

Date

Printed Name

Master Trainer and Master Trainer Candidate Roles

Master Trainer Candidates will:

- Teach a minimum of four presentations during a 4-day QST2 Dual training
 - o Obtain the PowerPoint files for the assigned presentations from Master Trainer
 - o Print their own trainer manual once they have received the electronic file
 - o Receive support and assistance from the Master Trainer in preparing to deliver the presentations
 - o Receive feedback from the Master Trainer regarding strengths and improvement objectives at the end of each training day
 - o Incorporate the improvement suggestions into the next day's training
- Provide supervision and support to two therapists in training during the clinical supervision portion of the QST2 Dual training course
 - o Review the therapist's progress notes and provide specific feedback (positive and improvement suggestions) at least twice a week
 - o Review treatment videotapes and provide specific feedback (positive and improvement suggestions) a minimum of three times during the course
 - o Contact therapists in training if they don't hear from them or receive progress notes for one week. *Master Trainer Candidates need to be proactive in supervision so they know at all times how trainers and families are doing and to support and intervene quickly if needed*
 - o Contact the parent(s) of the children being treated by the therapists in training at least once during the first series and once during the second treatment series to assess the family's satisfaction with the treatment and the trainer's support
 - o Receive feedback from the Master Trainer regarding the supervision
- Review and sign the Assessment Form from the Master Trainer at the end of the 5-month training course

Master Trainers will:

- Assign a minimum of four presentations to the Master Trainer Candidate to teach during a 4-day QST2 Dual training
 - o Provide access to the PowerPoint files for the assigned presentations to the Master Trainer Candidate
 - o Offer support and assistance to the Master Trainer Candidate as (s)he prepares for the presentations
 - o Provide feedback to the Master Trainer Candidate regarding strengths and improvement objectives at the end of each training day
- Provide supervision and support to the Master Trainer Candidate as (s)he supervises a minimum of two therapists during the clinical supervision portion of the Dual training course
 - o Review the Master Trainer Candidate's feedback on the progress notes of the therapists (s)he is supervising, as needed
 - o Review treatment videotapes and feedback from supervising Master Trainer Candidate, as needed
 - o Contact the parent(s) of the children being treated by the therapists in training at least once during the first and second treatment series to assess the family's satisfaction with the treatment and the Master Trainer Candidate's support and training, if it was needed
- Complete the Assessment Form for the Master Trainer Candidate at the end of the 5-month training course, as well as facilitate the completion of the Assessment Form of the Master Trainer Candidate by the therapists (s)he supervised during the training at the end of the 5-month training course
 - o Dr. Jeffers will review, sign and return the form to the Master Trainer
 - o The Master Trainer will forward the signed form to the Master Trainer Candidate for her/his review and signature
 - o The Master Trainer will save the form onto the QSTI Google Drive after all signatures are obtained
- Make a recommendation of whether the Master Trainer Candidate meets the criteria for QST Master Trainer

QST Master Trainer Candidate Recommendation Form - Course Instructor

QST Master Trainer Candidate Applicant: _____

QST2 course instructor: _____

Instructions to QST2 course instructor: Please indicate below your assessment of this applicant during the QST2 Course in which s/he participated and for which you were the instructor. Once completed, please return recommendation form to courses@qsti.org

	Poor	Fair	Good	Excellent
1. Knowledge of the QST2 treatment protocol				
2. Ability to interpret and adapt the QST massage to children's responses				
3. Ability to communicate effectively with parents				
4. Ability to connect with children with autism				
5. Demonstrates flexibility in approach to difficulties encounters with parents and children				
6. Knowledge of QST concepts				
7. Organizational skills				
8. Ability to implement suggestions from supervisor				
9. Communication skills				
10. Demonstrates enthusiasm				
11. Strives for excellence				
12. Punctual				
13. Ability to follow instructions				
14. Demonstrates dependability				
15. Self-motivated				
16. Demonstrates responsibility				
17. Attitude toward constructive criticism				
18. Demonstrates attention to detail				
19. Gets along well with others				
20. Works well as part of a team				

Do you recommend this applicant for the QST Master Trainer Development Program?

_____ Yes _____ No

Please explain why you do or do not recommend the applicant:

Additional comments regarding the applicants' ability to successfully complete the QST Master Trainer Development Program:

Signature of QST2 Course Instructor

Date

QST Master Trainer Candidate Recommendation Form - Clinical Supervisor

QST Master Trainer Candidate Applicant: _____

Name of QST2 Clinical Supervisor: _____

Instructions to QST2 Clinical Supervisor: Please indicate below your assessment of this applicant during the QST2 Course in which s/he participated and for which you were her/his clinical supervisor. Once completed, please return recommendation form to QSTI at courses@qsti.org.

	Poor	Fair	Good	Excellent
1. Knowledge of the QST2 treatment protocol				
2. Ability to interpret and adapt the QST massage to children's responses				
3. Ability to communicate effectively with parents				
4. Ability to connect with children with autism				
5. Demonstrates flexibility in approach to difficulties encounters with parents and children				
6. Knowledge of QST concepts				
7. Organizational skills				
8. Ability to implement suggestions from supervisor				
9. Communication skills				
10. Demonstrates enthusiasm				
11. Strives for excellence				
12. Punctual				
13. Ability to follow instructions				
14. Demonstrates dependability				
15. Self-motivated				
16. Demonstrates responsibility				
17. Attitude toward constructive criticism				
18. Demonstrates attention to detail				
19. Gets along well with others				
20. Works well as part of a team				

Do you recommend this applicant for the QST Master Trainer Development Program?

_____ Yes _____ No

Please explain why you do or do not recommend the applicant:

Additional comments regarding the applicants' ability to successfully complete the QST Master Trainer Development Program:

Signature of QST2 Clinical Supervisor

Date

The remaining pages in this packet are for your review only. You do not need to complete the forms at this time. These are provided so that you are familiar with the documents prior to entering the QST Master Trainer Development Program.

QST MASTER TRAINER CANDIDATE ASSESSMENT FORM
To be completed by Supervising Master Trainer

Instructions: Please provide feedback on _____, a QST Master Trainer Candidate.

What sections of the 4-day QST2 Dual training did the Master Trainer Candidate teach?

Please rate the Master Trainer Candidate on the following measures in regard to the initial training, using a scale of 1 – 5, where 1 means “not at all,” and 5 means “very.”

1. Overall how involved and supportive was the Master Trainer Candidate in assisting during the training?

Rating:

1 2 3 4 5

Strengths:

What difficulties, if any, were noted:

2. How effective was the Master Trainer Candidate at communicating the material in the PowerPoint presentations?

Rating:

1 2 3 4 5

Strengths:

What difficulties, if any, were noted:

3. Please rate the Master Trainer Candidate's organizational ability to stay within the time frame of the PowerPoint presentations and training sessions.

Rating:

1 2 3 4 5

Strengths:

What difficulties, if any, were noted:

4. How effective was the Master Trainer Candidate at responding to class questions?

Rating:

1 2 3 4 5

Strengths:

What difficulties, if any, were noted:

5. How effective was the Master Trainer Candidate at creating an open and relaxed class learning environment?

Rating:

1 2 3 4 5

Strengths:

What difficulties, if any, were noted:

6. How effective was the Master Trainer Candidate at contributing meaningful, accurate information to class discussions?

Rating:

1 2 3 4 5

Strengths:

What difficulties, if any, were noted:

7. To what extent did the Master Trainer Candidate provide specific and accurate feedback to therapists in training that reflected full knowledge of the methodology?

Rating:

1 2 3 4 5

Strengths:

What difficulties, if any, were noted:

8. To what extent did the Master Trainer Candidate provide specific and accurate feedback to therapists when coaching them in learning the massage?

Rating:

1 2 3 4 5

Strengths:

What difficulties, if any, were noted:

9. To what extent did the Master Trainer Candidate provide specific and accurate feedback to therapists when administering the practical test?

Rating:

1 2 3 4 5

Strengths:

What difficulties, if any, were noted:

10. How open and accepting was the Master Trainer Candidate to feedback provided by the Master Trainer?

Rating:

1 2 3 4 5

Strengths:

What difficulties, if any, were noted:

Please rate the Master Trainer Candidate on the following measures in regard to the clinical supervision, using a scale of 1 – 10, where 1 means “not at all,” and 10 means “very.”

11. To what extent was the Master Trainer Candidate able to identify the strengths and weaknesses of the two therapists (s)he was supervising, and work with them in a consistent way?

Therapist #1 (_____): (First name)

Rating:

1 2 3 4 5

Strengths:

What difficulties, if any, were noted:

Therapist #2 (_____): (First name)

Rating:

1 2 3 4 5

Strengths:

What difficulties, if any, were noted:

12. To what extent did the Master Trainer Candidate show flexibility in his/her approach to working with the different children and providing individualized feedback to the therapists (s)he was supervising?

Rating:

1 2 3 4 5

Strengths:

What difficulties, if any, were noted:

13. To what extent did the Master Trainer Candidate provide specific and accurate feedback to therapists (s)he was supervising that reflected full knowledge of the methodology?

Rating:

1 2 3 4 5

Strengths:

What difficulties, if any, were noted:

14. To what extent did the Master Trainer Candidate show flexibility in his/her approach to connecting with the parent and providing individualized support and training, if needed?

Rating:

1 2 3 4 5

Strengths:

What difficulties, if any, were noted:

15. How open and accepting was the Master Trainer Candidate to feedback provided by the Master Trainer?

Rating:

1 2 3 4 5

Strengths:

What difficulties, if any, were noted:

16. To what extent was the Master Trainer Candidate timely in responding to communication from the therapists (s)he was supervising and the Master Trainer?

Rating:

1 2 3 4 5

Strengths:

What difficulties, if any, were noted:

17. To what extent was the Master Trainer Candidate timely in providing necessary paperwork to the Master Trainer?

Rating:

1 2 3 4 5

Strengths:

What difficulties, if any, were noted:

QST MASTER TRAINER CANDIDATE ASSESSMENT FORM

To be completed by Therapist in Training (Student)

Name of QST Master Trainer Candidate: _____

Please rate the supervising Master Trainer Candidate on the following measures, using a scale of 1 – 10, where 1 means “not at all,” and 10 means “very.”

1. Overall how helpful was your experience with your Master Trainer Candidate’s supervision?

Rating:

1 2 3 4 5

Strengths:

What difficulties, if any, were noted:

2. Please rate his/her ability to connect with you at the level of your knowledge and ability and provide helpful, specific feedback?

Rating:

1 2 3 4 5

Strengths:

What difficulties, if any, were noted:

3. How effective was his/her communication style?

Rating:

1 2 3 4 5

Strengths:

What difficulties, if any, were noted:

4. Additional comments:

Final Assessment and Authorization

QST Master Trainer Candidate has:

- Demonstrated full knowledge of the methodology
- Demonstrated the ability to interpret and adapt the massage to children's responses
- Demonstrated the ability to effectively connect, communicate, and coach a variety of parents/families
- Demonstrated the ability to effectively teach, connect, communicate, and coach QST2 course students
- Demonstrated flexibility in approach to difficulties presented by therapists, parents and children

I _____, a QST Master Trainer, certify that
_____ has met the criteria for QST Master Trainer.

QST Master Trainer

Date

Dr. Kevin Jeffers

Date

QST Master Trainer Candidate

Date



QST2 Course Worksheet and Agreement Form

Name of QST Master Trainer: _____

Dates of Planned QST2 Course: _____

Location of QST2 Course: _____

Type of course: On-site Combination on-site and distance supervision

Maximum number of students: _____

Registration form attached? Yes No

Detailed agenda attached? Yes No

Will you be training any QST Master Trainer Candidates during this course? If yes, please list candidates' name(s) and contact information. (90% of the master trainer candidate fee will be paid to the QST master trainer supervisor; 10% to QSTI.)

What level of assistance from and payment to QSTI will you use for this course? (Please refer to the QST2 Course Materials Use Agreement for details of services provided under each option.)

Option 1: 15% of the participant registration fees

Option 2: 25% of the participant registration fees plus the cost of participant course materials (\$63 per participant)

Are there any unique situations or other things you would like to share regarding this course that QSTI should know? If yes, please describe:

I agree to implement the QST2 course with full fidelity and agree to the payment option selected above.

QST Master Trainer signature

Date

Please submit completed agreement to QSTI at courses@qsti.org.