

Back in Whack for Teens

Healthcare Clinic Program License Application

PART I – UNDERSTANDING CONDITIONS OF THE LICENSE

This *Back in Whack for Teens* Healthcare Clinic Program License (“License”) will address the working and financial relationship between Positive Patterns for Life, LLC “PPL” and the clinic applying for the license (“Applying Clinic”) concerning the utilization of the *Back in Whack for Teens* (“BiW4Teens”) pediatric weight management program materials and resources. *BiW4Teens* program materials and resources are copyrighted under the author’s name Laurie Jean Ellis (“Ellis”). Ellis has given PPL authority to represent Ellis in this License agreement.

PPL gives written permission to the Applying Clinic to download and reproduce *BiW4Teens* program materials and resources for the purpose of implementing the program in the Applying Clinic and providing the program for clinic patients for the duration of time that the License is kept in good financial standing. Program materials and resources are only to be used in the confines of the clinic, free of charge to patients. Under no circumstances are any parts of the program materials and resources to be sold for money or exchanged for other goods or services. There is one exception to this rule. Program resources (i.e. sample news articles or fliers) which were designed to notify the public that the Applying Clinic is providing the *BiW4Teens* program at their clinic, may be distributed outside of the clinic confines for the purpose of advertising the program.

The License in no way restricts or dictates what the Applying Clinic charges for healthcare **services** rendered to patients who are receiving health coaching and medical management while participating in the *BiW4Teens* program at the Applying Clinic.

PPL authorizes the Applying Clinic to unlimited use, as defined in the previous paragraphs, of the *BiW4Teens* program materials and resources for 12 calendar months for the fee \$495.00 for one clinic location. This 12-month term will start on the day that the License fee is paid in full and will expire on the same day, one calendar year later. If the Applying Clinic wants to continue using *BiW4Teens* program materials and resources past this expiration date, PPL will need to receive the full License fee prior to this expiration date. If the Applying Clinic has more than one clinic location for which they would like to purchase the License for, the fee for each additional clinic will be \$295.

If any part of the “Conditions of the License” are violated by the Applying Clinic or their additional clinics, the License will be promptly terminated with no refund given for the remaining months left on the License.

SIGNATURE OF UNDERSTANDING	
I, _____, the clinic manager/administrator of the Applying <small style="margin-left: 100px;">Print Name</small>	
Clinic, have read the “Conditions of the License” and do understand and agree to comply with these conditions.	
_____ <small>Signature of Manager/Administrator</small>	_____ <small>Date</small>

PART II – PROGRAM MATERIALS AND RESOURCES

BiW4Teens is an evidence-based multi-component pediatric weight management intervention for tweens (ages 9 through 12) and teens (ages 13 through 18). The License includes all of the following program materials and resources. These program materials and resources may be used by Applying Clinic as defined in Part I of the License.

A) Clinic Materials Included:

1. *BiW4Teens Program Implementation Checklist*
2. *BiW4Teens Patient Referral Process*
3. *BIW Program Billing Codes* – lists ICD10 and procedure codes for clinic visits and phone consultation.
4. *BiW4Teens EMR template*
5. Forms used during clinic visits:
 - a. *Prescription for a Healthy Weight*
 - b. *BiW4Teens Clinic Brochure*
 - c. *BiW Health Habit Assessment Form*
 - d. *BiW4Teens Detailed Documentation Forms Packet* which includes:
 - i. Initial Contact
 - ii. Pre-Visit Chart Review
 - iii. Initial Visit
 - iv. Implementation Phase – Clinic Visit
 - v. Maintenance Phase – Clinic Visit
 - e. *BiW4Teens Patient Progress Log (Short)* – includes list of all 27 program sessions and list of healthy habits
 - f. *BiW4Teens Patient Progress Log (Long)* – includes list of all 27 program sessions and list of healthy habits plus learning objectives for each session
 - g. *HCP-Parent-Teen Program Commitment Contract*
 - h. *BiW4Teens Multi Patient Log*
 - i. *BiW Health Questionnaire Form*
 - j. *BiW4Teens Wacky Words Key*
6. Program promotion materials:
 - a. *BiW4Teens clinic poster*
 - b. *BiW4Teens news article template*
 - c. *“Make Your Next BiW4Teens Appointment” post card template*
7. Dedicated webpage on the Positive Patterns for Life website which will contain participant materials listed in [B] below. Clinics will be given the opportunity to personalize this page for their clinic – listing clinic names, providers, motivational messages for youth, and more.

B) Participant Materials Included:

1. Website link to downloadable PDF version of the *BiW4Teens Workbook*
2. Website link to all 27 *BiW4Teens* interactive health coaching videos

C) Participant Materials NOT Included:

1. Three-ring binders
2. Copy paper and printing costs for the workbooks
3. Program incentive gifts – given when youth complete all 27 program sessions and hand in completed *Wacky Words Form*

4. Optional participant materials:
 - a. Pen or pencil
 - b. Highlighter
 - c. Journal
 - d. Bracelet
 - e. Program completion gift – given when youth have followed the maintenance phase of the program for at least 4 months, which includes monthly contact with clinic staff (ideally via clinic visits)

D] Staff Training Resources Included:

1. Four-part staff orientation program via video presentations to include:
 - a. Overview of childhood obesity (health issues related to childhood obesity and key habits that impact a child's weight)
 - b. Overview of *BiW4Teens* program components and two program phases
 - c. Program outcomes and benefits
 - d. Steps to implementing a successful *BiW4Teens* program in the clinic
 - e. Program referral process for patients
 - f. How to talk to parents and youth about a touchy subject (obesity)
 - g. Facilitate a successful clinic visit
 - h. Importance of program incentive gifts
 - i. Using *BiW4Teens* documentation forms
 - j. Billing for sessions
2. *BiW4Teens Program Curriculum*
3. *BiW4Teens Program Outline*
4. *BiW4Teens Habit Explanation Cue Card*
5. *BiW4Teens Program Introduction cue card*
6. Certified Back in Whack Coach (CBIWC) Training - This training prepares qualified* licensed healthcare professionals to become CBIWC for the *BiW4Teens* Program. The CBIWC Training and Certification costs \$195.00 per healthcare professional. **However, this training and certification is FREE of charge for clinics who have purchased the *BiW4Teens* Healthcare Clinic Program License.** The CBIWC training typically takes 9 to 10 hours to complete. Qualified* licensed healthcare professionals complete the CBIWC exam while they work through designated training materials and complete training tasks.

E] Clinics receive ongoing program support from the Positive Patterns for Life company.

***Note** – Qualified **licensed** healthcare professionals need to have “health education” included as part of their scope of practice (i.e. registered nurses, registered dietitians, physical therapist, behavioral health counselors, nurse practitioners, physician assistants, and medical doctors). Please note that health education includes assessing educational needs, development of the educational plan, implementing the plan, and evaluation of the outcome.

Non-qualified healthcare professionals (i.e. certified nurse assistants, licensed practical nurses, physical therapy aids) who complete the training and exam for the Certified Back in Whack Coach will receive a “Back in Whack Training Certificate of Completion.”

PART III – PRIMARY CLINIC LICENSE

Clinic Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Fax Number: _____

Clinic Manager: _____ Title: _____

Office Phone: _____ Email: _____

BiW4Teens Program Champions

Each clinic needs at least two *BiW4Teens* program champions – one provider and one licensed healthcare professional. The licensed healthcare professional will serve as the health coach for the program.

Program champions will be registered users on the Positive Patterns for Life website. This will enable program champions to access *BiW4Teens* clinic materials and staff training resources. All clinic staff and patients will be able to access *BiW4Teens* participant materials (PDF workbook and online program videos) once they are given the secure website link.

Provider Champion: _____ Credentials: _____

Office Phone: _____ Email: _____

Health Coach Champion: _____ Credentials: _____

Office Phone: _____ Email: _____

Additional Program Champions

Program Champion: _____ Title/Credentials: _____

Office Phone: _____ Email: _____

Program Champion: _____ Title/Credentials: _____

Office Phone: _____ Email: _____

More Program Champions? NO YES – Please write staff name(s), title/credentials, office phone, and email on the back of this page.

PART III – ADDITIONAL CLINIC LICENSES

Only one clinic (one location) is allowed per license. If the Applying Clinic has additional clinics (additional locations), within their organization, for which they want to implement the *BiW4Teens* program, they may purchase an additional license for each clinic at a reduced rate. The fee for each additional clinic will be \$495.

Please complete the following information for each additional clinic that will be utilizing the *BiW4Teens* program materials and resources. **See page 6 for extra forms for Additional Clinic Licenses.**

2 Clinic Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Fax Number: _____

Clinic Manager: _____ Title: _____

Office Phone: _____ Email: _____

BiW4Teens Program Champions

Each clinic needs at least two *BiW4Teens* program champions – one provider and one licensed healthcare professional. The licensed healthcare professional will serve as the health coach for the program.

Program champions will be registered users on the Positive Patterns for Life website. This will enable program champions to access *BiW4Teens* clinic materials and staff training resources. All clinic staff and patients will be able to access *BiW4Teens* participant materials (PDF workbook and online program videos) once they are given the secure website link.

Provider Champion: _____ Credentials: _____

Office Phone: _____ Email: _____

Health Coach Champion: _____ Credentials: _____

Office Phone: _____ Email: _____

Additional Program Champions

Program Champion: _____ Title/Credentials: _____

Office Phone: _____ Email: _____

Program Champion: _____ Title/Credentials: _____

Office Phone: _____ Email: _____

More Program Champions? NO YES – Please write staff name(s), title/credentials, office phone, and email on the back of this page.

PART IV – FEES AND PAYMENT

LICENSE DESCRIPTION	FEES	NUMBER	TOTALS
Primary Clinic License	\$495.00	1	\$495.00
Additional Clinic Licenses*	\$295.00		
TOTAL AMOUNT DUE			

If purchasing license(s) on the website, make sure you select the correct plan which includes the correct number of additional clinic licenses.

*Count total number of addition clinic licenses from Part III of this application and write this in the number column.

Select Payment Method

Purchased on the Positive Patterns for Life website – Upon completing the online purchase, email all pages of this application to: positivepatternsforlife@gmail.com OR you can mail it to the address listed to the below.

Pay with company check, money order, or cashier check – Make checks payable to Positive Patterns for Life, LLC. Mail this completed application with payment to:

Positive Patterns for Life, LLC
P.O. Box 902
Guernsey, WY 82214

If you have any questions about how to complete this application, please email positivepatternsforlife@gmail.com or call 307-331-4256.

PART III CONTINUED – ADDITIONAL CLINIC LICENSES

Only one clinic (one location) is allowed per license. If the Applying Clinic has additional clinics (additional locations), within their organization, for which they want to implement the BiW4Teens program, they may purchase an additional license for each clinic at a reduced rate. The fee for each additional clinic will be \$495.

Please complete the following information for each additional clinic that will be utilizing the *BiW4Teens* program materials and resources.

____ Clinic Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Fax Number: _____

Clinic Manager: _____ Title: _____

Office Phone: _____ Email: _____

BiW4Teens Program Champions

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Provider Champion: _____ Credentials: _____

Office Phone: _____ Email: _____

Health Coach Champion: _____ Credentials: _____

Office Phone: _____ Email: _____

Additional Program Champions

Program Champion: _____ Title/Credentials: _____

Office Phone: _____ Email: _____

Program Champion: _____ Title/Credentials: _____

Office Phone: _____ Email: _____

More Program Champions? NO YES – Please write staff name(s), title/credentials, office phone, and email on the back of this page.

Make more copies of this page for additional clinic licenses.