



PROVIDER EDUCATION 2017 Training Application

Training Location: KIRKLAND, WA

APPLICATION DEADLINE
Friday, August 10, 2018

2-Day Training Schedule

| | |
|--------------------------|--------------|
| Saturday August 25, 2018 | 9am- 8:30 pm |
| Sunday August 26, 2018 | 8:30am- 3 pm |

What is NAMI Provider Education?

NAMI Provider Education is a five-session program for mental health professionals who work directly with individuals living with mental illness and their families. Available free of charge to participants. A series of short lectures, followed by time for elaboration of the teaching points in group discussion and group exercises. Presented by a trained team; a mental health professional who lives with a mental health condition or is a family member, a family member of an individual living with a mental health condition and an individual with a mental health condition who is now in recovery.

What will you learn at Provider program?

Provider program goals are to introduce health care staff to the emotional stages people affected by mental illness experience on the way to recovery; to help staff gain a fresh understanding of and empathy for their clients' lived experiences, especially during treatment and to promote collaboration between clients, families and providers to achieve the best level of recovery possible.

What is a Provider presentation like?

The sessions are organized into short lectures, discussions and group exercises presented by a team of trained team of includes: Two individuals with a mental health condition who is living in recovery, two family members of someone with a mental health condition and a mental health professional who has a mental health condition or is a family member. The number of presenter's may vary depending on the duration of the sessions: i.e. a four-hour seminar will require only three presenters – one from each category.

What are the goals of NAMI Provider Education?

Expose mental health staff to the various emotional stages that individuals living with mental illness and their families go through on the journey to recovery. Help mental health staff gain an empathy and understanding of the lived experience of individuals living with mental illness and their families, specifically in the areas of treatment. Promote the concept of collaboration between the individuals living with the illness, the mental health staff and the family to achieve the best level of recovery possible.

Criteria for taking the Provider Education Presenter Training

Individuals wanting to be part of the Provider team for presentation must be NAMI members in good standings with current dues and a record in NAMI's member management system. Individuals on the team must be 18 years of age. Presenters must meet the criteria of being able to participate in two (2) presentation series. Individuals on Provider presentation teams must meet one of the following three criteria.

- Adult in recovery with a mental illness, preferably who is also a NAMI Peer-to-Peer Mentor or an IOOV, EtS or PTA presenter.
- Family member or partner of a person with a mental illness, preferably who is also a NAMI Basics, NAMI Family-to-Family or NAMI Homefront teacher.
- Mental health professional that also are either a family member or someone with a mental illness or lives with mental illness themselves.

Registration Information

NAMI Washington will pay for meals, snacks, lodging and all training materials. Your NAMI affiliate is asked to cover your travel and other expenses that you may incur to attend this training. Lodging is at the Comfort Inn in Kirkland and is **double occupancy**. If you prefer/require single occupancy, arrangements will need to be made prior to attendance by the attendee and there will be additional costs which will be the responsibility of the attendee. Attending the training is by **pre-registration only**, and class size is limited. If there are more applications than spots for the class a waiting list will be created. In order to reserve a space a \$50 refundable registration deposit **from your affiliate** is required at the time of registration. **If you need to cancel after being accepted, notify Dorina Hyseni at the state office 206-783-4288 or dorina@namiwa.org no later than August 20, 2018** so we can fill your spot, or your affiliate will lose its \$50 registration deposit. Since this is a team program, cancelled spots can be filled with another member of the Affiliate who would fulfill the team spot.



APPLICATION FOR PROVIDER EDUCATION TRAINING – August 25-26, 2018

Application Due by: August 10, 2018

Applications received after 5:00 pm on the due date will be put on a wait list

Applicant Name: _____ Preferred Pronouns: _____

NAMI Affiliate: _____

Today's Date: _____ Date of Birth: _____

Address: _____

City: _____ Zip: _____

Primary Phone Number: _____ Best time to call: _____

Alternate Phone Number: _____ Best time to call: _____

E-mail: _____

Best way to reach you: Phone Email Remember, the interview must be completed by Phone.

Emergency Contact Name: _____

➤ Area Code/Phone: _____

Do you have any accessibility needs, dietary restrictions, or other issues which need accommodation during training?

Will you be bringing a service animal? Yes No

Provider Education training begins Saturday morning. Those who are further than 1 hour away are provided lodging and will want to consider arriving Friday evening (don't forget I-5 traffic snarls!). Please complete the following information:

I live within 1 hour driving distance of the training site and will not need accommodations

I will need housing for the following nights: Friday Saturday

NAMI-WA will try to accommodate Roommate requests (check one):

Please assign roommate

○ What is your gender (identity or expression)? _____

○ I would like a room with _____

I would like a single room and understand I, the attendee, will be responsible for the additional amount and will be billed by NAMI Washington 3 weeks after the training is complete.

Please answer the following questions:

1. Are you NAMI member? Yes No **Do you have a nami.org login/password?** Yes No

- If not, you will be required to join NAMI to attend the training.

2. How did you hear about this training class? _____

3. Have you ever been convicted of a crime against another person including but not limited to: assault of any kind, harassment of any kind, or stalking?

Yes No **IF YES, PLEASE USE AN ADDITIONAL PIECE OF PAPER TO EXPLAIN THE ISSUE AND CURRENT STATUS IN DETAIL.**

4. Have you taken other NAMI classes or trainings?

Yes No

If yes, please list: _____

5. Are you a currently certified to teach/lead any other NAMI Signature Programs?

Yes No If yes, please list all Signature Programs you are certified to lead: _____

Availability to Present (please check all that apply):

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|-----------|--------|---------|-----------|----------|--------|
| Morning | | | | | |
| Afternoon | | | | | |

Because different audiences require different presenters, we ask that you complete the following:

Education – last degree completed: _____

Work/volunteer experience: _____

What language(s) do you speak fluently? _____

Are you a young adult – Age 18-30 Age 31-35

Which describes you (select all that apply)?

- Individual Living with Mental Illness
- Family Member
- Mental Health Professional
- Family to Family Teacher
- Basics Teacher
- Homefront Teacher
- Peer-to-Peer Mentor

What is your – or your family member’s current diagnosis? _____

Are you comfortable with self-disclosure? Yes No

Are you able to maintain a positive outlook and talk about your experience without “going negative”? Yes No

Are you willing to undergo a background check if required by your NAMI Affiliate? Yes No

Why do you want to be a NAMI Provider Education Presenter? (please attach extra paper as needed):

What has been your experience working with frontline behavioral healthcare staff, and how do you feel Provider Education can benefit them? (please attach extra paper as needed):

What can you share about your experience that can help frontline staff who come in contact with people with behavioral health conditions create a more supportive environment? (please attach extra paper as needed):

What does recovery in relation to mental illness mean to you? (please attach extra paper as needed):

Performance Agreement for Provider Education Presenter Trainees
Please indicate your agreement to these requirements by checking each box below

- I am a current member of a NAMI affiliate – If not, you will be required to join NAMI to attend the training.
- I am willing and able to complete this intensive 2-day training and to abide by the NAMI program model.
- I commit to arriving to the training on-time and staying for the full day, and understand that if I do not stay for the entire training I will not receive a certificate of completion and would have to re-take the entire class in order to receive a certificate of completion.
- I understand that I could complete the entire training, and that my skills will be evaluated by the Trainer(s), and they will decide if I have the skills to be a Provider Education Presenter. I further understand that if the**

Trainer(s) feel I am not ready to be a Provider Education teacher, I will not receive a certificate of completion and would have to re-take the entire class in order to receive a certificate of completion.

- By applying to participate in the Provider Training, I am indicating my willingness to abide by all Provider program policies, and to teach all Provider classes with complete fidelity to the approved curriculum.
- By applying to participate in the Provider Training, I am agreeing to teach at least one complete Provider course within 1 year of my training, and to teach at least one more course within 2 years of my training.
- I will communicate promptly with the NAMI Washington state office, as requested or required, and will submit all forms and data to the state and national offices, as required by a Provider Teacher.
- I will work to identify potential Provider teacher-candidates who participate in my classes, so that my local affiliate will be able to educate more family members in my community.
- I will regularly encourage my class participants to become NAMI members so that my local affiliate and NAMI Washington can continue to offer support and education to members of my community.

Applicant Signature _____ Date _____

This final section must be completed by the affiliate Executive Director, President or Vice President.

- This person is a current member of our affiliate. Membership Expiration Date _____
- This person meets the requirements to attend this training per the NAMI Washington Training & Education Program Guidelines for 2018, and has the qualities to be a successful Provider Education presenter.
- Our affiliate will work with this person to initiate or continue this program during the next year.
- I have had a conversation with the applicant about their commitment and responsibilities to our affiliate.**
- I have arranged transportation to the training for this applicant.
- A deposit of \$50.00, payable to NAMI Washington, for each applicant is enclosed. We understand that the deposit will be returned to our affiliate if this individual successfully completes the entire training.
- I understand that this training is on a first come, first serve basis after the completed application and deposit has been received in the NAMI WA office. Where necessary, priority may be given to geographical areas with critical need and this will be a decision made by NAMI WA.
- This affiliate has submitted all 2017 Education Data to the NAMI Data Collection Site. I understand that no affiliates from our affiliate will be able to participate in a State Training if our Education Data has not been uploaded.
- This affiliate is up to date with submission of all 2018 Education Data to the NAMI Data Collection Site.

NAME and TITLE of NAMI Affiliate Leader (printed): _____

Name of NAMI Affiliate: _____

Signature: _____ Date: _____

Email of Affiliate Leader: _____ Phone Number: _____

Keep a copy for your records and send this completed and signed application with your \$50 deposit. If your affiliate is sending more than one attendee, please send a separate \$50 check with each application. We will return all checks within 3 weeks of completion of the training, unless the applicant fails to attend the training without notification of cancellation by July 28, 2017.

Return Applications to: NAMI Washington 1107 NE 45th St., Suite 230, Seattle, WA 98105
Or submit via email to: dorina@namiwa.org