



PROVIDER EDUCATION 2017 Training Application

Training Location: KIRKLAND, WA

2-Day Training Schedule

Evergreen Hospital

Saturday August 5, 2017 8:30am- 5:30 pm

Sunday August 6, 2017 8:30am- 5:30 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 members. 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 July 31, 2017** 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 5-6, 2017

Application Due by: July 28, 2017

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

Applicant Name: _____

NAMI Affiliate: _____

Today's Date: _____ Date of Birth: _____

Address: _____

City: _____ Zip: _____

Primary Phone Number: _____

Alternate Phone Number: _____

E-mail: _____

Best way to reach you: Phone Email Best time to call: _____

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
 - If yes, what is your gender (identity or expression)? _____

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

- Please assign room
- I would like a room with _____
- I would like a single room and understand I will be responsible for the additional charges

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

2. 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.**

3. Have you taken other NAMI classes or trainings?

Yes No

If yes, please list: _____

4. Are you 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.

- I will stay in contact with my NAMI Affiliate and provide presentation data to NAMI Washington and NAMI National's Education data reporting requirements.

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.
- This person meets the requirements to attend this training per the NAMI Washington Training & Education Program Guidelines for 2017, and has the qualities to be a successful Provider Education presenter.
- I have read the NAMI Washington Training & Education Program Guidelines for 2017 and agree to abide by these guidelines.
- Our affiliate will work with this person to initiate or continue this program during the next year.
- 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.

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 7500 Greenwood Ave. N. Seattle, WA 98103

Or submit via email to: dorina@namiwa.org