2020 National NAMI Education Train-the-Trainer Program
Application of Interest

NAMI Education’s Train the Trainer Program (TT) is an annual training event which allows experienced NAMI program leaders the opportunity to become a State Trainer. Once certified, State Trainers go back to their states and expand the availability of NAMI education programs by working with the State NAMI office to train more teachers, presenters and facilitators. All travel, lodging, meals and registration for the TT Program is paid for by NAMI Washington.

Completing this Application of Interest is the first step in being considered by NAMI Washington to be sent to the NAMI National TT Program taking place in Arlington, Virginia (outside of Washington, DC); all classes are taking place May 1-3, 2020. NAMI Washington will be selecting people to send to the National TT Program in the following NAMI Signature Programs:

- Connection Recovery Support Group – 1 person
- De Familia a Familia de NAMI – 1 person
- Family Support Group – 2 people
- In Our Own Voice – 2 people
- Peer to Peer – 1 person
- Provider Education – 1 person

Application Process Timeline

- Timeline: Application of Interest due by November 8, 2019
- Notification of Decision will be no later than November 13, 2019
  - If you are accepted by NAMI Washington you will then need to complete the NAMI National Education’s Train-the-Trainer application. NAMI Washington will assist you with the process. The application must be submitted and completed within 5 working days of notification of acceptance by NAMI Washington.

Qualifications

1. Must be a current member of NAMI.

2. Must be a current and active teacher/presenter of the program you would like to be considered to attend. “Active” means has done community presentations or taught classes for your Affiliate during the past 18 months and meet the following criteria:
   a. Connection Recovery Support Group – must have a minimum of 6 months facilitation experience using the NAMI Connection Recovery Support Group model.
   b. De Familia a Familia de NAMI – Must have taught at least one complete De Familia a Familia de NAMI class. Must be fluent in Spanish.
   c. Family Support Group – must have a minimum of 6 months facilitation experience using the NAMI Family Support Group model.
   d. In Our Own Voice – Must have done at least 8 presentations using the new IOOV model
   e. Peer to Peer – Must have taught at least one complete NAMI Peer to Peer course using 2018 updated materials
   f. Provider Education – Must have taught at least one complete 5-session course
3. Must be able to travel to Virginia for the complete training.
   a. Travel Days: Leave Washington the day before the training begins (April 30th); return to Washington the day the training ends in the evening, or if absolutely necessary, the day after the training ends (May 3rd or 4th).

4. Must be able to commit to leading a minimum of one training per year for Washington state.
   a. State trainings take place on weekends and will be held in one of four cities: Kirkland, Olympia, Spokane, or Yakima, WA

5. Application of Interest must be accompanied by a Letter of Support from your Affiliate President or Executive Director. The letter must contain:
   • Applicant’s information
     ➢ Name
     ➢ Program for which they would like to train
     ➢ Description of applicant’s experience with program
     ➢ Why you feel they would make an excellent state trainer for the program
   • Letter of support writer’s information
     ➢ Name
     ➢ Role
     ➢ NAMI Affiliate
     ➢ Contact information

NAMI Washington Signature Program State Trainers are expected to lead a training at least once a year. These trainings take place in Kirkland, Olympia, Spokane and/or Yakima, Washington. State trainers must be able to travel to the location of the training. All travel, lodging, meals, and other required expenses are paid for by NAMI Washington. State Trainers are supervised by the NAMI Washington Program Manager and Education Program staff on-site during trainings. State trainers receive stipends for trainings as follows:
   • 1-Day Trainings: $150
   • 2-Day Trainings: $250
   • 3-Day Trainings: $350

Application Review and Decision Process
• Applications will be reviewed by the NAMI Washington Executive Director, Education staff, chairs of the Education Committee, and if possible, one current state trainer from each Signature Program listed above.
• The review committee will take into account the following factors:
  ✓ How long the applicant has been certified in the NAMI Signature Program for which they are applying.
  ✓ The number of classes/support groups/presentations the applicant has led in the past 18 months.
  ✓ Conflicts related to travelling to lead state trainings or ability to commit to leading trainings held on weekends.
  ✓ Additional NAMI Signature Program certifications and involvement.
  ✓ Applicant’s personal statement.
✓ Recommendation of the NAMI Affiliate Leader.

This application contains several essay questions – please attach additional paper as needed.

Submit all materials by November 8, 2019 to Michelle Strait, Program Manager at mstrait@namiwa.org
Application of Interest
NAMI Education’s Train the Trainer Program 2020
Please write legibly, or type

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

Emergency Contact Name: __________________________ Area Code/Phone: _______________

Are you a NAMI Member in good standing?  ☐ Yes  ☐ No  Date Membership Expires: __________

Would you need to bring a service animal?  ☐ Yes  ☐ No  Do you use a walker or wheelchair? ☐ Yes ☐ No

Indicate the Signature Program for which you are applying to become a State Trainer. If you are certified in more than one Signature Program and would like to be considered for more than one, please rank your choices in order, with your top choice being “1”; remember, you must meet the criteria listed above to be considered to become a State Trainer:

☐ Connection Support Group  ☐ De Familia a Familia de NAMI  ☐ Family Support Group
☐ In Our Own Voice  ☐ Peer to Peer  ☐ Provider Education

When did you receive your Certificate of Completion for the above program(s)? __________________________

How many presentations/classes have you done for your Affiliate in the past 18 months? ______________
NAMI Washington Signature Program trainings take place on weekends. Please indicate any conflicts you may have dedicating a minimum of one (1) weekend per year to lead the state training; please include any conflicts such as work schedule, or seasonal conflicts. ________________________________________________________________

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__________________________________________________________________________

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__________________________________________________________________________

Are you able to travel to Kirkland, Olympia, Spokane, and/ or Yakima to lead State Trainings? ☐ Yes  ☐ No

• Would you travel using your own vehicle, or would you need NAMI Washington to work with you to arrange alternate means of travel? ________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

What do you enjoy most about your current role as a Signature Program Leader for your affiliate?

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Why do you want to become a NAMI Washington Signature Program State Teacher?

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In your own words, how do you define/describe Recovery?

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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.

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Please share any other information you think is pertinent to your Application of Interest:

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__________________________________________________________  _________________________________
Signature of Applicant                      Date