

## Mental Health First Aid Instructor Certification Program Application

Thank you for your interest in Mental Health First Aid. The National Council for Community Behavioral Healthcare is delighted to review your application for the Instructor Certification Program. The Instructor Certification Program is a 5-day training after which attendees are certified to offer the 12-hour Mental Health First Aid training. If selected, your organization will be responsible for participant travel, hotel, and any miscellaneous expenses. We recommend that each organization send at least two participants. Attendees of the Instructor Certification Program are required to remain at the training for all five days. Although the number of 12-hour Mental Health First Aid trainings offered each year will vary based on the organization and target audiences, the National Council requires certified instructors to offer at least three trainings per year to maintain certification.

### Instructor Certification Program: Houston, TX July 12-16, 2010

In this application packet, you will find:

1) Cover Sheet

2) Agency/Organization Questionnaire

This questionnaire should be completed by the primary contact for Mental Health First Aid at your organization. This could be your organization's CEO or other senior manager who will be most involved in the development and management of Mental Health First Aid trainings in your community.

**Please return your completed application to Susan Partain at [susanp@thenationalcouncil.org](mailto:susanp@thenationalcouncil.org) or via fax 202.684.7472 by May 17, 2010**

### Cover Sheet

<b>Organization Name</b>					
<b>Address</b>					
<b>Is your organization a National Council member?</b>	YES	NO			
<b>MHFA Primary Contact Name</b>					
<b>Position/Title</b>					
<b>E-mail Address</b>					
<b>Telephone</b>					
<b>Address (if different than above)</b>					
<b>Does your organization have an active public education program?</b>	YES	NO			
<b>What is your organizational structure?</b>	Private Non Profit Agency	Public Non Profit County Agency	Other (describe)		
<b>Which most closely describes your service area?</b>	Rural	Frontier	Urban	Suburban	Other
<b>Please list the counties your organization serves:</b>					
<b>If selected as a MHFA site, when do you plan to launch the program (i.e. offer the first training)?</b>					
<b>Participant Information</b>	Name:				
	Title:				
<b>Participant Information</b>	Name:				
	Title:				

**Application Deadline: 5 PM central time, May 17, 2010**

## Agency/Organization Questionnaire

1) How does Mental Health First Aid (MHFA) complement the services and/or trainings you are currently offering in your community?

2) Who do you envision as the primary target audience for roll-out of Mental Health First Aid in your community? Please identify initial and long-term potential audiences, including a tentative timeline for your roll-out.

3) What is your plan for promoting and funding Mental Health First Aid? Also briefly describe your long-term sustainability plan.