NAMI PROVIDER TEACHER APPLICATION AND AGREEMENT

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____Home _____Work

Email: _____

NAMI Affiliate _____ Are you a member? _____

NAMI PROVIDER TEAM MEMBER POSITION FOR WHICH YOU WISH TO APPLY:
(Note: see criteria for Provider Course Team Members on page 2 this application)

FAMILY MEMBER __

CONSUMER MEMBER __

Family member or consumer Professional __

Explain why you want to be a NAMI Provider Teacher:

_____

_____

_____

I understand/agree to serve as a NAMI Provider educator for a minimum of **two complete Provider Courses during a two year commitment**, or close to these time limits. The time, energy and expense of training each teacher make this a necessity. It is understood, of course, that unexpected situations may occur that will necessitate compassion and flexibility in this policy.

I agree to only use approved NAMI Provider course materials and forms that are provided in my Teacher Manual. I also agree to send all reports, student and teacher evaluations and final course lists to the local NAMI Affiliate F2F Coordinator and to the NAMI Texas Education Director.

_____ _____
Signature of Teacher Applicant **Date**

_____ _____
Signature of Affiliate President **Date**

NAMI PROVIDER TEACHER APPLICATION AND AGREEMENT (pg 2)

Criteria for NAMI Provider Course Team Members:

Family Members:

- Seasoned/Experienced Family-to-Family Teacher
- Living at the Understanding/Acceptance/Action level of the Emotional Stages Chart
- Should not teach at the agency where their relative gets services, unless it's ok with family member and relative
- Should have no work-related conflicts that might conflict with the presentation option selected by the teaching site

Consumer Members:

- Should be in charge of their own recovery and knowledgeable about their illness
- Should be connected to and appreciative of their families
- Should be consumers connected to NAMI
- Should have no problem reading the text and lecturing
- Should be willing to talk openly about their experiences and feelings
- Should not teach at the agency where they get services, unless it's ok with them
- Should have no work-related conflicts that might conflict with the presentation option selected by the teaching site

Family Member or Consumer Professionals:

- Should be providers who have worked with individuals with mental illness; i.e. psychologists, social workers, mental health counselors, teacher in the field of mental health
- Should have credentials in the mental health field so you can offer CEU credits
- Should be supportive of families and family/consumer/provider collaboration
- May or may not teach at the agency where they work
- Should have no work-related conflicts that might conflict with the presentation option selected by the teaching site.