



NAMI Basics Education Program – Teacher Application

Name _____ Date _____

Home Address _____

City _____ State _____ Zip Code _____

County _____ Sponsoring NAMI Affiliate _____

Phone (____) _____ Cell (____) _____

Email _____

Special Dietary Needs (vegetarian, allergy, kosher, diabetic, etc.): _____

Emergency contact (name and phone) _____

Prospective teachers must be parents or other primary caregivers of an individual who exhibited symptoms of a mental illness prior to age 13 (the formal diagnosis may have been made years later, but symptoms were present prior to age 13). There is no prerequisite that a prospective teacher has to have taken the NAMI Basics course, however, it is STRONGLY SUGGESTED that you have. Each NAMI Basics Teacher trainee MUST meet all of the following criteria:

- Be a parent/primary caregiver of an individual who exhibited symptoms of a mental illness prior to age 13.**
- Be an active member of NAMI.**

1. Of which NAMI affiliate are you a member? _____
Membership expiration date: _____

(NOTE: Anyone who requests to be trained to lead one of our programs must be a current member, and to continue to lead or teach, they must keep their membership current.)

2. Have you ever taken any other NAMI educational courses (NAMI Family-to-Family, NAMI Basics, NAMI Basics, etc.)? Yes No

If yes, give teacher's name, location of class and date.

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3. Are you a trained instructor/presenter for any of NAMI's signature education programs?
 Yes No

If yes, which programs?

NAMI Family-to-Family NAMI Basics Other _____

4. Are you a member or facilitator of a support group? Yes No
If yes, what type of group and where does your group meet?

If yes, is it a NAMI Support Group? Yes No

5. Have you been convicted of a felony? Yes _____ No _____
If yes, please provide explanation: _____

Please describe:

1. Your experiences as a parent/primary caretaker of an individual who exhibited symptoms of a mental illness prior to age 13.

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2. Why you would like to become a NAMI Basics Teacher?

3. Please provide an example of how you have and will demonstrate the following NAMI Signature Program Leader Code of Conduct requirement: Remain accountable for your own behavior and keep personal opinions and actions separate from those made as a representative of NAMI. Understand that your actions and behaviors reflect on the integrity of NAMI signature programs and impact the public perception of NAMI as an organization.

4. Attach a letter of recommendation to completed application. **APPLICATION WILL NOT BE CONSIDERED COMPLETE WITHOUT LETTER OF RECOMMENDATION.** Your reference should be someone who knows you well enough to recommend that you be trained to become a Teacher, such as your NAMI Affiliate Leadership, Mental Health Services Provider, and/or Employer.

Referral name: _____

Referral phone: _____

Referral email: _____

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I agree to:

- Obtain approval from the State Program Director at least 6 weeks in advance with class location/dates/co-teacher details so that the class can be advertised on the NAMI National and NAMI Georgia web sites. NOTE: Co-teacher must also be certified to teach NAMI Basics. NAMI State Program Director will determine if this class meets the requirements stipulated by NAMI Georgia.
_____ (initial)
- Teach first class as soon as possible after my training (No more than 4 months after training).
_____ (initial)
- Recertify every two years. (NAMI Teachers/facilitators serve under the auspices of their affiliate, and must be approved each year by the affiliate board, with notice sent to NAMI GA of the approval).
_____ (initial)
- Submit end of class data to NAMI National via the extranet and provide hard copy of end of class materials to State Program Director within a week of the last day of class.
_____ (initial)
- I have read and understand the NAMI Basics Teacher requirements.
_____ (initial)
- I understand that this application and my attendance at Basics Training does not guarantee that I will be certified as a NAMI Basics Teacher.
_____ (initial)
- If selected to attend - Attending the NAMI Basics Training, and receiving certification as a Teacher, I acknowledge that I am making a commitment to teach at least two Basics classes within a two year period.
_____ (initial)

I, _____, have read, understand and agree to abide by the terms and conditions outlined in the NAMI Signature Program code of conduct and the NAMI Signature Program Operating Policies 2016.

I fully understand that violating any of the conditions outlined in either the NAMI Signature Program Code of Conduct or the NAMI Signature Program Operating Policies 2016 may result in the termination of my role as a NAMI Signature Program Educator, Facilitator, Mentor, Presenter, Trainer or any other role designated as a leadership role in any of NAMI's Signature Programs. I agree to follow proper protocol, policies, procedures and the NAMI Georgia chain of command and will conduct myself in a professional manner, representing NAMI Georgia in the most positive light at all times.

Signed _____ Date _____

NAMI Georgia Program and/or Executive Director _____ Date _____

Printed Name

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Please send or e-mail completed application, letter of recommendation and signed code of conduct to:

NAMI Georgia Programs Director

programs@namiga.org

NAMI Georgia

4120 Presidential Pkwy, Ste 200

Atlanta, GA 30340

www.namiga.org

Email confirmation will be sent when applications are received. Confirmation of approval/denial will also be sent via email.