

Provider Program Application

Who can be a teacher:

Prospective teachers must meet at least one of the following descriptions:

- Adult in recovery with a mental illness, preferably who is also a NAMI Peer-to-Peer mentor
- Family member or partner of a person with mental illness, preferably who is also a NAMI Basics, NAMI Family-to-Family or NAMI Homefront teacher
- A mental health professional who is also a family member of someone with a mental illness or has a mental illness themselves

Name _____ Date _____

Address _____ County _____

City/State/Zip _____

Phone (Work) _____ Phone (Home) _____

E-mail _____

1. Are you a member of NAMI Iowa or one of our Affiliates? Yes _____ No _____

If yes, list your affiliate: _____

If no, are you willing to become a member? Yes _____ No _____

Note: membership in NAMI is a requirement to be a program teacher

2. Have you ever taken a NAMI education course?

Yes No

If yes, which course(s)?

- NAMI Basics NAMI Homefront NAMI Peer-to-Peer
 NAMI Family-to-Family

Are you a teacher/mentor for a NAMI education course?

Yes No

If yes, which do you lead?

- Peer
- NAMI Basics
 - NAMI Homefront
 - NAMI Peer-to-Peer
 - NAMI Family-to-Family
 - NAMI In Our Own Voice

Are you a leader for any other NAMI programs?

- Yes (specify below)
- No

If yes, which do you lead?

- Teachers
- NAMI Connection
 - NAMI Family Support Group
 - NAMI Parents & Teachers
 - NAMI Ending the Silence
 - NAMI In Our Own Voice

3. Which of the following best describes you? (check all that apply)

- I have a mental health condition
- I am the family member of a person with a mental health condition
- I am a mental health professional

Please describe in 5-10 sentences

1. If you are a mental health professional, please tell us your professional role (nurse, therapist, direct care worker, social worker, etc.) and how long you've worked in this field:

2. Why you would like to become a NAMI Provider teacher?

3. What is your personal experience with mental health conditions (your own, your loved ones, or both)?

4. I would be a good instructor because of my skills in:

5. I would be a good instructor because of my experience as:

6. If you are not a member of a NAMI Iowa affiliate, please list the name, phone number and/or email address of one reference who is willing to speak to us about your experience and your application:

Please send one copy of this application to your local affiliate AND one to NAMI IOWA. If needed contact NAMI IOWA for the name and address of your local affiliate.

NAMI IOWA
3839 Merle Hay Rd., Ste. 229
Des Moines, IA 50310
Phone & Fax: 515-254-0417
Email: info@namiiowa.org