



***NAMI Smarts Education Program – Teacher Application***

**Training Date** (to be completed by NAMI Georgia): \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_ Sponsoring NAMI Affiliate \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Emergency contact (name and phone)

***Prospective presenters must meet one of the following descriptions: (1) young adult living with mental illness in recovery [preferably who is also an IOOV or Parents & Teachers as Allies presenter], (2) an adult who is also a trained teacher/mentor for NAMI Basics, NAMI Family-to-Family or NAMI Peer-to-Peer. Each NAMI Smarts Teacher trainee MUST meet one or more of all of the following criteria:***

**Be a young adult living with mental illness in recovery.**

**Be an adult who is also a trained teacher/mentor for NAMI Basics, NAMI Family-to-Family or NAMI Peer-to-Peer.**

**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 Smarts, etc.)?  Yes  No

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

\_\_\_\_\_



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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. A letter of recommendation must accompany your application before it is considered completed. Your reference should be someone who knows you well enough to recommend that you be trained to become a Teacher, such as your Affiliate Leadership, Mental Health Services Provider, and/or Employer. However, we prefer your recommendation come from your affiliate leadership. In the absence of a recommendation from your local affiliate leadership, we will contact them for approval.

Referral name: \_\_\_\_\_

Referral phone: \_\_\_\_\_

Referral email: \_\_\_\_\_



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*If you are filling in this form in the Google Chrome browser, please use 'Print' and select 'Save as PDF' as the printer, to save the form to your computer. Do not use the browser download arrow or 'Save As' in the browser menu. Otherwise, the data you have entered will not be saved with the form.*

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

NAMI Georgia Program 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.