

## Instructor Candidate Commitment Form

A signed, scanned copy of this form must be submitted as a part of the application packet.

Becoming a successful Mental Health First Aid instructor requires a serious commitment of time, energy and creativity. Similarly, it requires awareness and support of the program, fidelity to the course, understanding of the certification requirements, and commitment to demonstrating best practices in teaching and facilitation. **By signing this Commitment Form, you agree to adhere to the following conditions at all times during the instructor training and subsequent to certification.** 

## I hereby agree to:

- 1. Fully engage in the Instructor Training by committing adequate time, energy, and enthusiasm throughout the program and conduct myself in a professional manner at all times.
- 2. Follow all course requirements for instructors. This includes:
  - a. Teaching the course for the full 8 hours
  - ${\tt b}$  . Training to an audience of no less than 10 and no more than 30 unless given permission to do so by MHFA USA
  - $_{\rm c}$  . Providing hard-copy, non-duplicated manuals for each course participant
  - ${\tt d}$  . Using current slides and films for all course sections
  - e. Providing a resource list to all course participants
  - ${\tt f}$  . Providing MHFA certificates to participants only after a participant has satisfied all course requirements.
  - 3. Follow all data requirements in WIMS related to courses including:
    - a. Registering all courses prior to course date
    - b. Entering all course participants no later than 72 hours after course has taken place
    - c. Collecting and providing to Mental Health First Aid USA within 7 days of course completion, all course evaluation and attendance sheets (course data must be entered in order for the instructor to receive credit for the course)
  - 4. Maintain "good standing" as an instructor requires:
    - a. Teaching the course at least 3 times, each year
    - ${\tt b}$  . Completing re-certification two years from the date of certification
    - $\ensuremath{\mathtt{c}}$  . Passing Quality Evaluation visits and maintaining satisfactory evaluation scores
    - d. Engaging in instructor/course re-fresher activities as required
    - ${\rm e}\,.\,$  Keeping Instructor Profile Updated with current email address
    - ${\tt f}$  . Keeping informed and adhering to MHFA program developments and changes by reading all MHFA communications
  - 5. Appropriate use of MHFA materials:
    - a. None of the information, documents, manuals or videos may be reproduced in any form, in whole or in part without the written permission of MHFA USA. Instructors may not sell or otherwise transfer materials to a third party. Only certified instructors may use the materials provided



- ${\tt b}$  . The course curriculum may not be modified without the expressed written permission of MHFA USA
- 6. To the best of my ability, incorporate best practices in presenting, facilitating, and teaching groups into my courses.
  - a. Operationalizing techniques to engage course participants
  - b. Using an appropriate tone, volume, pace, and rhythm when teaching a course
  - c. Appropriately managing participant interactions
- 7. Continuously convey and appropriately demonstrate the scope and role of a Mental Health First Aid instructor during my courses. This includes:
  - a. Continuously convey and appropriately demonstrate the scope and role of a Mental Health First Aid instructor during my courses. This includes:
  - b. Serving as an ambassador of Mental Health First Aid
  - c. Using personal disclosure of experiences in an appropriate manner
  - d. Respecting the privacy of course participants, colleagues and other, including the responsibility to protect personal information on paperwork and in gaining permission to share personal stories or experiences of others

## **Instructor Signature**

Date: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_

Instructor Name (printed): \_\_\_\_\_

## Employer Signature (if applying as an agent of your employer)

Date: \_\_\_\_\_

Direct Supervisor Signature: \_\_\_\_\_

Direct Supervisor Name (printed): \_\_\_\_\_\_

**Submission directions**: When you have completed the application, please send to <u>MHFAapplications@thenationalcouncil.org</u>. You may wish to print out a copy of the completed application for your records.