Train the Trainer Application

Applicant Eligibility Criteria

* Completion of **either** Trainer or Responder versions of DMH: A Critical Response (OMH or DOH)
* Experience responding to a Disaster/Traumatic event as a DMH/Spiritual Care responder
* Commitment to provide DMH training following participation

Instructions

Questions and completed applications should be forwarded via email to:

Bureau of Emergency Preparedness & Response: [dmhomh@omh.ny.gov](mailto:dmhomh@omh.ny.gov)

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| Dates/Location (check one) | May 18 / SUNY New Paltz | **June 2 / Hutchings PC (Syracuse)** |

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| Applicant Information | | |
| Name: |  | |
| Credentials (e.g., LCSW, Ph.D., RN, CASAC, etc.): | |  |
| Professional Discipline | | |

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| Social worker | Psychologist | Psychiatric Nurse | | Nurse | Mental Health Counselor |
| Spiritual Care Professional | | Psychiatrist | Other: | | |

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| Contact Information | | | | | | | | | | | |
| Facility/Agency/Org: | | |  | | | | | | | | |
| Mobile #: | ( ) | | | Work #: | | ( ) | | | Home #: | ( ) | |
| Work e-mail: | |  | | | | | Home e-mail: |  | | | |
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| Previous Response Experience | | | | | | | | | | | |
| Please list up to 3 previous experiences you have as a disaster mental health or spiritual care responder | | | | | | | | | | | |
| Type of Disaster (flood, fire, etc.) | | | | | Location of the Disaster | | | | | | Date(s) |
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| Disaster Trainings TAKEN | | | |
| List up to 3 disaster related training you may have completed (list ICS training as ICS 100, 200, etc. if applicable) | | | |
| Name/Type of Training | Method (Classroom, On-line) | Training Dates (year) | # of Hours |
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| Disaster Mental Health Trainings PROVIDED | | | |
| Please list at least one DMH trainings provided | | | |
| Name of Training | Location | Training Dates (year) | # of Hours |
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| Special Needs |
| Please list any special needs you may have, including mobility restrictions that may be necessary for you to be able to participate in this training. |
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**Questions?**

**OMH:** Cathy Bieg @ 518.473.9556 or Steve Moskowitz @ 518.408.2967

or

[dmhomh@omh.ny.gov](mailto:dmhomh@omh.ny.gov)

**DOH:** Judith LeComb @ 518 474-2893 or [judithlecomb@health.ny.gov](mailto:judithlecomb@health.ny.gov)