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

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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

**DOH:** Judith LeComb @ 518 474-2893 or judithlecomb@health.ny.gov