

CHW/CRS Trainer Certification Application

Part 1: Applicant Information

Full Name:

Last

First

M.I.

Address:

Street Address

City

State

Zip Code

County

Primary Phone: ()

Secondary Phone: ()

Email Address (required):

Which program are you applying to train for:

CHW

CHW + CRS

Are you a current resident of Indiana?

Yes

No

Are you over the age of 18?

Yes

No

Do you speak any other languages other than English?

Yes

No

If yes, please list other languages:

Which region of Indiana do you prefer for training?

Central

Southern

Northeast

Northwest

Part 2: Other certification or licensure

Do you hold any other current certification or licensure?

Yes

No

If yes, please identify the credential(s) you hold and attach a copy of the credential. Attach additional sheets if necessary.

Credential name:

Issued By:

Are you currently certified as a Community Health Worker?

Yes

No

Are you currently certified as a Certified Recovery Specialist?

Yes

No

Have you completed any other type of Peer Support or CHW training?

Yes

No

If yes, please list which training:

NOTE: To become a CRS/CHW Trainer, you must first have attended the CRS/CHW training as a participant. If you have not yet attended a CRS or CHW training, we can assist you in attending one. A staff person will be reaching out to you in response to your application, or you may call our office to speak with our Training Coordinator at (260) 422-6441.

Part 3: Experience

Are you currently employed?

Yes

No

If yes, where:

Position/Title:

How many years of experience do you have working in the field of Mental Health/Addiction?

How many years of experience do you have working in the healthcare field?

How many years of experience do you have working as a CRS or CHW?

How many years of experience do you have providing formal training?

*I attest that I have given true, accurate, and complete information on this form to the best of my knowledge, and understand that any false information or omissions may affect my eligibility for certification. I agree to reference and/or criminal background checks as a part of the application review (criminal background will **not** necessarily exclude candidates from participation in training).*

Signature (type if submitting online)

Date

MENTAL HEALTH AMERICA OF NORTHEAST INDIANA
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