



Mental Health Support Specialist (MHSS) Curriculum

TRAINING VALIDATION FORM

NOTE: Please fill out and submit this form to the address below no later than 30 days after the completion the course.

Trainer(s)' Name(s): _____

Dates & Times of Training: _____

Location of the Training: _____

Phone Number: _____ Email: _____
(Phone Contact & Email for Lead Instructor)

Please list the name of the trainer(s) who taught each of the 12 MHSS Modules:

Table with 4 columns: Module, Trainer 1, Trainer 2, Trainer 3. Rows list 12 modules from 'Role of Mental Health Support Specialist' to 'Being Part of the Community'.

Notes/Comments about this training: _____

Please attach a list of students who completed this training. By signing below, the trainer(s) certifies that: 1) all students listed have completed all of the requirements of the course; 2) the MHSS training course covered the entire curriculum.

Trainer's Printed Name, Trainer's Signature, Date (repeated three times)

Please return this completed form, with the List of Students, Student Information Forms, and completed Evaluations to:

Scott Bernier
USM Muskie School
The Center for Learning
12 East Chestnut St.
Augusta, ME 04330

Fax: (207) 626-5022
Email: sbernier@maine.edu