

Mental Health Support Specialist

TRAINING VALIDATION FORM

NOTE: Please complete 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 10 MHSS Modules:

Module	Trainer 1	Trainer 2	Trainer 3
1. Role of Mental Health Support Specialist			
2. Understanding Mental Health and Mental Illness			
3. Trauma-Informed Care			
4. Understanding Substance Use Disorder and Co-Occurring Disorders			
5. Recovery and Community Inclusion			
6. Ethical Standards			
7. Health and Wellness			
8. Maine's Mental Health System and Related Resources			
9. Sexuality			
10. Diversity and Cultural Competence			

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 the requirements of the course; 2) the MHSS training course covered the entire curriculum.

Trainer's Printed Name

Trainer's Signature

Date

Trainer's Printed Name

Trainer's Signature

Date

Trainer's Printed Name

Trainer's Signature

Date

Please return this completed form with the Student List and Student Information Forms to:

Scott Bernier

USM, Catherine Cutler Institute

Email: sbernier@maine.edu

The Center for Learning

12 East Chestnut St.

Augusta, ME 04330