Train the Trainer
Memorandum of Understanding
NAMI Kansas, Local Affiliate, and State Trainer Candidate

By signing this Memorandum of Understanding all parties acknowledge that they understand and agree to the following requirements.

Train the Trainer Candidate: ____________________________________________
(please print name)

Signature Program: ____________________________________________
(please program name)

NAMI Kansas:
• Assess Affiliate Recommendations for Train the Trainer candidate and align toward NAMI Kansas budget and state trainer needs for NAMI Kansas
• Following NAMI Kansas approval, provide the Train the Trainer candidate and the Affiliate with a Letter of Recommendation required for the NAMI Application
• Cover Train the Trainer expenses: registration, airfare, ground transportation/mileage, and meals not provided by NAMI and in accordance to NAMI Kansas policies concerning meal per diem
• Following successful completion and certification as a State Trainer, NAMI Kansas will:
  o Arrange and provide lodging for the state trainer at state training sessions as appropriate
  o Reimburse state trainer for travel to and from state training venue at the rate of $0.36 per mile
  o Arrange venue and technological resources needed to facilitate state training and cover costs as appropriate, including meals, snacks, beverages, and training materials and supplies
  o Collaborate with the State Trainer to ensure appropriate provisions concerning training materials for trainees, meals as appropriate (breakfast, lunch, dinner), snacks, and beverages
• All trainings are held in non-smoking facilities

Local Affiliate:
• Recruit and approve local Candidates for Application to Train the Trainer and in accordance to NAMI requirements to be considered as a State Trainer
• Submit Affiliate’s Approval for Candidate to Apply that states what signature program the candidate seeks to serve as a state trainer, candidate’s commitment to the local affiliate,
Train the Trainer Candidate:

- Collaborate with NAMI Kansas, as appropriate, concerning travel arrangements to Train the Trainer training
- Commit to arriving at the Train the Trainers training on time and to complete all training requirements set forth by NAMI
- Following successful completion and certification as a State Trainer, the State Trainer will:
  - Agree to adhere to State Trainer policies and to train and report as prescribed by NAMI National and the approved curriculum
  - Collaborate with NAMI Kansas to schedule State Training within 6 months of Train the Trainer training
  - Collaborate with NAMI Kansas with the vetting protocol for potential teacher, facilitator, leader, presenter candidates for State Training
  - Collaborate with NAMI Kansas to ensure appropriate training materials and supplies necessary for the State Training event
  - Provide four or more State Training events over the next 2 years
  - Communicate with NAMI Kansas state office as requested
  - Provide group participant data and evaluations to NAMI and to NAMI Kansas as required

☐ Please check box to indicate that you have read and understand the above requirements.

Printed Name: ______________________________ Signature: __________________
NAMI Kansas ED Dr. Sherrie Vaughn, Ed. D.

Printed Name: ______________________________ Signature: __________________
Affiliate President

Printed Name: ______________________________ Signature: __________________
Train the Trainer Candidate

Train the Trainer Candidate

→ ☐ I understand that attending the Train the Trainer training does not mean automatic certification as a State Trainer. I must successfully complete each part of the training and be recommended for certification by NAMI.

→ Your signature acknowledging the above: __________________________________________

Please mail, fax, or e-mail this completed form to: David Larson, Program Coordinator

- Email: programs@namikansas.org
- NAMI Kansas, 1801 SW Wanamaker Rd., Suite G6, Box 164, Topeka, KS 66604
- Fax (785) 233-4804