



FEI Behavioral Health Training Specialist Application

Contact Information

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Mobile Phone: _____

Other Phone: _____ Email: _____

Background Information (complete if not indicated on other applications)

Major: _____ Degree: _____

Date Received: _____

Major: _____ Degree: _____

Date Received: _____

Major: _____ Degree: _____

Date Received: _____

Professional Affiliations/Memberships:

Formal Training Courses/Certifications

Course	Date of Attendance

Professional Training Experience

Current Position: _____

Hours Spend Training Annually: _____

Training Philosophy: _____

Preferred Areas of Training: _____

Please highlight the types of audiences for whom you have previously trained/presented:

<input type="checkbox"/> Clinicians	<input type="checkbox"/> Corporations
<input type="checkbox"/> College/University	<input type="checkbox"/> Colleagues
<input type="checkbox"/> Professional Conferences	<input type="checkbox"/> Employees
<input type="checkbox"/> Community Colleges	<input type="checkbox"/> Executive Leadership
<input type="checkbox"/> Other (specify): _____	

Technological Background

(Rate your experience on a scale of 1-5. With a 1 representing no exposure/experience and a 4 representing complete mastery)

Topic	Rating 1-5
Email	
PowerPoint	
DVD/VCR	
Internet	
Laptop Computers	
Overhead Slides	
Projectors	
Pod casts	
Webinars	
Video Conferencing	
Other:	

Employee Wellness Seminars

FEI Behavioral Health offers the following seminars to our clients. These seminars typically run between 45-60 minutes in length.

Please rate your ability to present on the following topics on a scale of 1-5. With a 1 representing no previous experience presenting this topic and a 5 representing complete mastery of the subject area.

Topic	Rating 1-5
Anger Management	
Balancing Care Giving Duties for Elder Parents	
Beyond Stress: Recognizing the Signs of Depression	
Building Personal Resilience	

Topic	Rating 1-5
Dealing with Difficult People	
EAP Overview and Awareness Training	
Effective Communication	
Maintaining a Healthy Lifestyle	
Maintaining Health Relationships	
Managing Stress	
Planning for Your Retirement	
Power and Control in Personal Relationships	
Raising Responsible Children	
Recognizing the Signs of Adolescent Eating Disorders	
Recognizing the Signs of Adolescent Substance Abuse	
Substance Abuse Awareness	
The Challenges of Balancing Work and Your Personal Life	
The Survivors Syndrome: Dealing with Organizational Change	
Time Management	

Management Training Sessions

FEI Behavioral Health offers the following seminars to the leadership groups of our clients. These sessions can run anywhere from a couple of hours to an all day session, depending on the needs of the client.

Please rate your ability to present on the following topics on a scale of 1-5. With a 1 representing no previous experience presenting this topic and a 5 representing complete mastery of the subject area.

Topic	Rating 1-5
Effective Communications for Managers	
Leading During Difficult Times	
Managing Difficult News	
Managing Difficult People	
Managing Difficult Situations	
Motivating Your Employees	
Recognizing Signs of Domestic Violence	
Stress and Depression in the Workplace	
Substance Abuse Awareness for Leaders	
The Impact of Trauma on Employees and Their Productivity	
Time Management for Leaders	
Workplace Violence Prevention	
Your EAP as a Management Tool	

References

Please provide three references representing organizations for which you have provided training.

Please attach copies of participant feedback forms from at least two separate training classes.

Reference 1

Organizational Name: _____

Contact Name: _____

Contact Number: _____ Contact Email: _____

Training Date: _____ Training Topic: _____

Reference 2

Organizational Name: _____

Contact Name: _____

Contact Number: _____ Contact Email: _____

Training Date: _____ Training Topic: _____

Reference 3

Organizational Name: _____

Contact Name: _____

Contact Number: _____ Contact Email: _____

Training Date: _____ Training Topic: _____

Agreement

By your signature below, you indicate your understanding of and agreement with the following:

I hereby certify that all of the responses and information provided pursuant to the above are complete, true and correct, to the best of my knowledge. I agree that, if approved as a FEI Trainer, I will implement training programs for FEI and only with FEI approval. I agree to utilize any FEI standard training materials according to their intended use and will not release them further without written authorization from FEI Behavioral Health. I understand that I am representing FEI Behavioral Health whenever I am implementing a FEI Training Program.

Name: _____ Date: _____

Signature: _____

Affiliate Name: _____

City: _____ State: _____

Send completed application via mail, fax or email to:

FEI Behavioral Health
648 N. Plankinton Ave., Suite 425
Milwaukee, WI 53203
Fax: 414-359-6519
Email: network@feinet.com

For FEI use only

Approved Denied

Reason: _____

Staff Signature: _____ Date: _____