



IDAHO DEPARTMENT OF HEALTH & WELFARE

Therapeutic Behavioral Services

Lead Trainer Application

PROGRAM INFORMATION	
Program Name:	TBS Training Program Administrator:
Mailing Address:	City, State, Zip:
Telephone:	Email:

To become a Lead Trainer, which means that you will be able to train others to be trainers and offer consultation, please complete the information below.

1) Explain in paragraph form how you have acquired **demonstrated knowledge of the material**. For example, have you provided TBS services for an amount of time or supervised others who provide TBS services? Please list any additional professional development that you have completed on the content to increase your knowledge about TBS.

Licensure/degrees are not required, but can be part of demonstrating this requirement.

Attach a separate document, if needed

2) **Demonstrated proficiency with the content:** How many times have you led a TBS training? How many individuals attended each training? DBH requires three (3) trainings before submitting this application.

Dates of TBS trainings with number of individuals that attended:

3) **Demonstrated proficiency as a trainer:** 3a) Submit the evaluations from your most recent training for review and to discuss feedback.

3b) Have you ever completed professional development around training skills? Have you provided trainings in the past? What other topics have you trained on?

When is your training scheduled to take place?

Additional information (optional) :

I certify that the information contained herein, is true, complete, and correct to the best of my knowledge.

Signature of Program Administrator

Date

Respond to:
Debra Stace, LMSW Program Specialist
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Division of Behavioral Health
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