

EXPECTATION AGREEMENT

The Colorado Mental Wellness Network's Peer Support Coach Training

CMWN offers a comprehensive training experience that has been peer-developed and peer-driven. The Network training meets the Core Competencies for Peer Specialists/Recovery Coaches/Family Advocates & Systems Navigators which has been endorsed by the Behavioral Healthcare Transformation Council of Colorado. The training also meets the domains and indicators for the International Credentialing and Reciprocity Consortium (IC&RC) which is an organization that will be offering credentialing in Colorado.

Our program is selective, as we want to ensure graduates are prepared and able to secure meaningful employment. We cannot accept everyone who applies. If you are accepted, we want you to know up front what is expected of you to make sure this training is a good fit.

Please read over the expectations and sign below.

If accepted into the training, I will:

- Prioritize the training for the three weeks of class. I will be on time, be prepared, turn in homework, and complete other assignments as scheduled. I will make sure I have sufficient time for assigned internet instruction (8 - 10 hours over the three week training.)
- Make arrangements in advance with my employer, school, family, etc., to ensure that I can fully participate in sessions and complete required home assignments with minimal interruption.
- Attend all sessions. I understand the training takes place over a three week period. Training is from 8:30 AM to 5 PM each day with extensive classroom activities, discussion and homework. If there is a legitimate emergency I may be able to make up some hours, but missing the first day of class (when foundational practices are established) or any other two days of training will require me to take part in a future CMWN training (without additional costs).
- Provide The Network in advance of the training with any information regarding challenges that may make participating in classroom work difficult (e.g., physical, sensory and/or learning disabilities). The Network will make every attempt to accommodate individuals when proper notice is given.
- Follow my personal wellness plan and do what I need to do to take care of myself during the training, understanding that I need to pay extra attention to rest and eating right. I also understand that issues that come up may be triggering and I should have a plan in place to work with them.
- Follow through by providing required documents to Network staff, communicate regularly, and if applicable comply with the Department of Vocational Rehabilitation's or my sponsoring organizations' policies and procedures.
- Respect other students' confidentiality and different opinions.

Name _____

Your signature

Date _____