

SUPERVISOR'S AGREEMENT AND EXPECTATION FORM

Philadelphia Mental Health First Aid Training of Instructors (TOI)

A program of the Philadelphia Department of Behavioral Health and Intellectual disAbility Services (DBHIDS)

Candidates who are City of Philadelphia employees, embedded employees, or employees of our partnered organizations must have prior approval and support from their supervisors to be considered for this program. Candidates must email this completed form with their resume and other supporting documents to MHFA.Philadelphia@phila.gov.

This certification course is provided at no cost through DBHIDS.

Supervisors:

Please review and sign the agreement below to confirm your awareness of and support for the employee's participation in this program.

I understand that the employee, _____, may be selected as a candidate for the Philadelphia Mental Health First Aid Training of Instructors (TOI) course.

If selected, I acknowledge that the employee will attend the virtual 3-day certification course; however, completion of the training does not guarantee certification. Certification is determined by the National Trainers based on the candidate's facilitation skills and successful completion of the written examination.

Upon certification as a Mental Health First Aid (MHFA) Instructor, I acknowledge that the employee will be required to conduct a minimum of six (6) MHFA training courses per year as part of the program. Any additional trainings beyond the required six courses will be conducted at the discretion of the supervisor and/or employer.

I agree to support the employee's MHFA training activities and understand that:

- The employee will provide advance notice of the time required to fulfill their obligations to the Education & Training Unit.
- I will work collaboratively with the employee to balance these responsibilities while minimizing disruption to workplace operations.
- I will allow the employee to prepare for and conduct MHFA trainings during work hours and, when possible, provide schedule flexibility.
- I will support the employee's participation in MHFA-related meetings, Learning Collaboratives, and/or events.
- The employee is expected to communicate scheduling needs in advance regarding MHFA trainings and related activities.
- I will meet with the employee to discuss expectations, procedures, and any applicable workplace policies related to their participation.
- I will notify the Education & Training Unit promptly if expectations cannot be aligned or if scheduling conflicts arise.

Having read the MHFA Instructor and Supervisor Agreement & Expectations in its entirety, I am in full agreement with the terms and expectations outlined above.

Name (Please Print): _____

Date: _____

Signature: _____

Organization: _____

Email: _____

For questions or concerns, please contact:
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Victoria.L.Wilmore@phila.gov



**Mental Health
FIRST AID**

from NATIONAL COUNCIL FOR
MENTAL WELLBEING

City of Philadelphia
DBHIDS
DEPARTMENT of BEHAVIORAL HEALTH
and INTELLECTUAL disABILITY SERVICES

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