

Mental Health First Aid Coordinator Access Form

WHAT IS A COORDINATOR?

A Coordinator is someone who provides logistical support for a group of Instructors who teach Mental Health First Aid (MHFA) on behalf of an organization, system or company. To accomplish this, a Coordinator can conduct specific processes in MHFA Connect on behalf of the Instructors for whom they are coordinating.

Coordinators receive the following permissions in MHFA Connect:

- Create an in-person or blended course on behalf of an Instructor for whom they coordinate.
- Invite learners to join your group in MHFA Connect
- Mark attendance for Instructor-led training sessions.
- Monitor the status of learners' pre-work.
- Unenroll a learner from a course before an Instructor-led training.
- Cancel a course.
- Reschedule a course.

WHAT IS COORDINATOR-LEVEL ACCESS?

Coordinator-level access is the set of permissions a Coordinator receives in MHFA Connect. This access allows them to complete the outlined functions of the role.

To receive Coordinator-level access in MHFA Connect, complete all information on this form and submit it via the MHFA Request Assistance Form. **These requests may take up to 30 days to process.**

Existing Coordinators, who had Coordinator-level access on Cornerstone (the old system) do not need to reapply. Their status has been transferred to MHFA Connect.

Please note: If you are requesting Coordinator Access and are not a currently an MHFA Instructor, we will send an invitation to you to activate your account. Please email us at CoordinatorAccess@TheNationalCouncil.org once you have activated your account so we can finalize your access needs.

Section 1: Information

PLEASE COMPLETE THE REQUIRED FIELDS BELOW.

Name _____

Check the option that applies:

☐ I am an MHFA Instructor

☐ I am not an MHFA Instructor

Organization you coordinate for: _____

Your title _____

Organization/work address _____

City _____ State _____ Zip code _____

Email address you use in MHFA Connect: _____

Phone number (with area code) _____



Section 2: Those You Will Coordinator For

Please type or clearly print the names of all Instructors the Coordinator listed in this form will have permission to coordinate for. By typing or printing names below, each Instructor is agreeing to allow the Coordinator listed above to “act as” their resource of logistical support for course information and data. Please ensure you have permission from each Instructor before submitting their name here.

1. Instructor Name _____
Email Used in MHFA Connect _____
2. Instructor Name _____
Email Used in MHFA Connect _____
3. Instructor Name _____
Email Used in MHFA Connect _____
4. Instructor Name _____
Email Used in MHFA Connect _____
5. Instructor Name _____
Email Used in MHFA Connect _____
6. Instructor Name _____
Email Used in MHFA Connect _____
7. Instructor Name _____
Email Used in MHFA Connect _____
8. Instructor Name _____
Email Used in MHFA Connect _____
9. Instructor Name _____
Email Used in MHFA Connect _____
10. Instructor Name _____
Email Used in MHFA Connect _____