

---

## *ABOUT THE QPR INSTRUCTOR CERTIFICATION COURSE*

---

### *Learn to Teach Three Simple Steps to Prevent Suicide: Question, Persuade, and Refer*

The QPR Gatekeeper Instructor Training program makes basic suicide prevention skills easy to learn and teach in your school, agency, or community.

**Why teach QPR?** The risk of suicide can be decreased if those closest to the person in crisis recognize the warning signs and know how to help. That's why everyone - friends, family members, coworkers, teachers - needs to know suicide warning signs and basic intervention steps. In as little as one hour, QPR Gatekeeper training can teach anyone the steps to help save a life from suicide.

### **In QPR Certified Gatekeeper Instructor Training, participants will:**

- Understand the nature, range and importance of suicidal communications and their importance in preventing suicide.
- Review and understand the groups at greatest risk of suicide and why QPR can work for them.
- Learn to teach QPR Gatekeeper Training for Suicide Prevention.
- Gain a historical perspective about suicide prevention and how QPR fits into national efforts.
- Acquire specific knowledge about how audiences may respond to the QPR message and how to react in a helpful manner.
- Learn how to effectively promote suicide prevention in their own communities.
- Gain the competence and confidence to teach others how to save lives and help prevent suicidal behaviors.

### **The Three-Year Certification Program includes:**

- A full-day training course
- A QPR Instructor's Manual
- QPR Instructor's Teaching DVD, which includes
  - QPR introductory video
  - PowerPoint slides for the core QPR Gatekeeper training
  - Overhead masters for handouts
  - Suicidal communications vignettes
  - Suicide statistics
- Audio CD of a QPR Gatekeeper training
- 25 QPR booklets and QPR wallet cards for your training students
- A copy of Tender Leaves of Hope booklet
- Two of Dr. Paul Quinnett's books:
  - Suicide: The Forever Decision and Counseling Suicidal People: A Therapy of Hope
- Access to the Institute's toll-free number for consultations on QPR training.
- Periodic emails and brief PowerPoint presentations

**For more information, visit the QPR Institute's website: [www.qprinstitute.com/become-an-instructor](http://www.qprinstitute.com/become-an-instructor)**

---

## QPR INSTRUCTOR SCHOLARSHIP

---

Note: Use the form on the next page to apply for a scholarship. **You must register separately for the QPR Instructor Training of your choice. Register at [www.qprinstitute.com/become-an-instructor](http://www.qprinstitute.com/become-an-instructor).**

- QPR Instructor scholarships from Prevent Suicide Columbia County cover the registration costs for one 8-hour QPR Instructor Certification course. Recipient is responsible for all other costs, including travel.
- Prevent Suicide Columbia County will send a check directly to the coordinator of the QPR Instructor course of the recipient's choice. Please apply for a scholarship at least 1 month before the scheduled training.
- Scholarships are available on a first-come, first-served basis to those who live and/or work in Columbia County, Wisconsin. Limitation of one scholarship per agency/organization per season.
- Scholarship recipients must agree to provide a minimum of *FIVE* QPR Gatekeeper Training sessions in Columbia County within *THREE* years of completing the Instructor Certification course.
- Scholarship recipients must agree to undergo a complete criminal background check. Columbia County Health and Human Services will complete a criminal record check for conviction(s) and pending charges through the Wisconsin Department of Justice.
- Scholarship recipients will be added to Prevent Suicide Columbia County's QPR Instructor email distribution list, and will be asked via this list to facilitate QPR sessions as needed, instructor schedule permitting. QPR Instructors are also encouraged to promote QPR and schedule sessions on their own.
- QPR Instructors are to notify Columbia County Health Department of upcoming QPR sessions and to send a headcount for completed sessions.
- QPR Instructors agree to use an evaluation survey form, provided by Prevent Suicide Columbia County, at the conclusion of each Gatekeeper Training they facilitate. Forms must be either completed online or sent by the instructor to Columbia County Health Department via mail, email, or fax.
- Minimum age for trainers is 16 years old or a sophomore in high school. Trainers under the age of 18 must be accompanied by an adult co-facilitator for QPR Gatekeeper sessions.

*Thank you for your interest in becoming a QPR Instructor! We appreciate your service.*



---

## QPR INSTRUCTOR SCHOLARSHIP

---

**To be considered for a scholarship, please complete all sections below and return to Columbia County Health Department at [Div.of.Health@co.columbia.wi.us](mailto:Div.of.Health@co.columbia.wi.us). Please Note: You must register for the QPR Instructor Certification Course of your choice separately. Do not hesitate to email [Div.of.Health@co.columbia.wi.us](mailto:Div.of.Health@co.columbia.wi.us) or call (608) 742-9227 with questions.**

Name: \_\_\_\_\_

Organization: \_\_\_\_\_ Profession/Title: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please answer the questions below, using additional space as needed.

- 1) Why would you like to become a QPR Trainer?
  
  
  
  
  
  
  
  
  
  
- 2) What are your plans for teaching QPR once you complete the Instructor Training? Are there specific groups that you plan to target?
  
  
  
  
  
  
  
  
  
  
- 3) What is your availability (good days, times) for teaching QPR?

**As a scholarship recipient, I, (name) \_\_\_\_\_ agree to provide a minimum of 5 QPR Gatekeeper Training sessions in Columbia County within 3 years of completing this certification course. In addition, I understand that my signature authorizes Columbia County Health and Human Services to review my personal background and I consent to having the department conduct a full and complete criminal background check.**

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian if participant  
is under 18 years of age

\_\_\_\_\_  
Date