



Certified Wellness Coach I

Verification Statement

Verifying Individual

Field Supervisor/Instructor
Employer Supervisor
Volunteer Supervisor

Date:

MM / DD / YYYY

To whom it may concern:

My name is _____ ,
Your Name

and I verify that _____ , for whom I was the applicant's
Applicant Name

supervisor at _____ , meets the competencies and skills to
Organization/Institution

qualify as a Certified Wellness Coach I.

During my time supervising _____ , I can attest
Applicant Name

that this is an individual who meets **all** of the following competencies:

The importance of cultural responsiveness, humility, and mitigating implicit bias to effectively engage with diverse clients and constituencies.

Understanding of professionalism, ethics, and legal mandates and how those qualities will be employed to inform their coaching.

The importance of communication skills to engage with their clients with an emphasis on empathy, reflection, and interpersonal skills.



The applicant has demonstrated the following skills: (The applicant must possess **all** to qualify for the State-Issued Wellness Coach I Certificate).

Wellness Education and Promotion Skills: The ability to deliver group or classroom programming that addresses various aspects of wellness, such as building positive relationships, bullying prevention, nutrition, and exercise in relation to behavioral health; the ability to teach about mental health literacy, such as understanding symptoms, strategies for seeking help, and how to offer support; the ability to teach life skills, such as stress management, time management, and problem-solving.

Universal Screening Skills: The ability to support youth during behavioral health screenings by clinical professionals, such as answering questions and assisting in handing off screenings to behavioral health professionals; the ability to coordinate and assist with universal screening programs in schools or community-based organizations, following SAMHSA guidelines, under the direction of qualified professionals.

Care Coordination and Navigation Skills: The ability to connect individuals to both internal and external behavioral health resources, such as local, regional, or national organizations, school resources, outpatient providers, and crisis response resources; the ability to communicate with other professionals to ensure cohesive support and care; the ability to offer behavioral health-related administrative activities.

Crisis Referral Skills: The ability to identify potential risks and appropriately refer to clinical professionals; the ability to provide emotional support and warm handoffs with the behavioral health providers for youth awaiting crisis services.

Individual Support: The ability to conduct brief check-ins and scheduled meetings that focus on offering emotional support, following manualized curriculum designed to enhance wellness such as wellness education, nutrition, exercise, goal setting and planning for improving lifestyle, and life skills.

Group Support: The ability to deliver programming to small groups that focus on enhancing wellness and life skills, such as social-emotional skills, stress management, time management, organization, and problem-solving.

Evidence-Based Documentation Skills: The ability to record information systematically and objectively, relying on credible evidence to support the documentation.

I certify that this individual has done approximately _____ hours under my supervision
Hours

and am confident in their skills and competencies to provide prevention and early intervention behavioral health services to children and youth.

Title

Electronic Signature

Email