SUFA
Substance Use First Aid

Updated 6/29/2026

SUFA Trainer Application Preview

Preview only. This document mirrors the live SUFA Trainer Application so you can review every question before you apply. Submit your responses through the official online form.

Thank you for your interest in becoming a Substance Use First Aid® (SUFA) Trainer. SUFA equips adults to recognize early signs of unhealthy substance use and begin compassionate, stigma-free conversations that can change lives. Two certified SUFA Trainers deliver each workshop.

SUFA is a research-backed training program that empowers individuals and organizations to recognize, respond to, and reduce stigma surrounding substance use. SUFA Trainers deliver engaging, inclusive, and compassionate workshops that help build healthier, more supportive communities.

Ideal Trainers bring authenticity, empathy, and strong communication skills to this work. Trainers deliver the official SUFA curriculum to diverse audiences while maintaining fidelity to the program's content, learning objectives, and values.

Before you apply, please review the expectations and commitments here. Each workshop is delivered by two certified SUFA Trainers, and applicants delivering on behalf of an organization will be asked to sign the SUFA Organization & Authorized Trainer Agreement before training begins.

** Indicates a required question.*

Contact Information

1. **First name** *

2. **Last name** *

3. **Pronouns**

4. **Email address** *

5. **Phone number** *

6. **City and state** *

Application Questions

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7. Who will be covering the cost of your Training-of-Trainers registration? *

Mark only one oval.

- ○ My employer
- ○ Myself
- ○ Other:

8. If your employer is covering the cost of training, please provide your organization's name.

9. If selected to proceed, who should we invoice for the Training-of-Trainers fee? *

Billing contact name and email address.

10. Why are you interested in becoming a SUFA Trainer? *

1,500 characters maximum

11. Describe your facilitation, teaching, training, or public speaking experience. *

1,500 characters maximum

12. Describe your personal and/or professional experience related to substance use prevention, treatment, recovery, behavioral health, or public health. *

1,500 characters maximum

13. Does your organization support your participation as a SUFA Trainer? *

If you are applying on behalf of an organization, your organization will be asked to sign the SUFA Organization & Authorized Trainer Agreement before training begins. Mark only one oval.

- ○ Yes, formal organizational support
- ○ Yes, informal organizational support

- ○ No, I am applying independently

14. If you are applying on behalf of an organization, please provide the first name, last name, and email address of the individual at your organization with signatory authority.

If you are selected to proceed, we will send this individual the SUFA Organization & Authorized Trainer Agreement for signature via DocuSign.

15. Briefly describe how you intend to implement SUFA within your organization or community in the next 12 months. *

1,500 characters maximum

16. Please describe the audiences, organizations, or communities you anticipate training. *

1,500 characters maximum

17. How did you learn about SUFA? If applicable, who referred you?

18. I confirm that I can facilitate virtual SUFA workshops using Zoom and other required technology, including reliable internet access, a webcam, and a microphone. *

Mark only one oval.

- ○ Yes
- ○ Other:

19. Please send your current resume or CV to hello@substanceusefirstaid.org. *

Check all that apply.

- ☐ I sent my current resume or CV to hello@substanceusefirstaid.org.

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Applicant Attestation

By submitting this application, I acknowledge and agree that:

- The information I have provided is true, accurate, and complete to the best of my knowledge.
- I understand that submitting an application does not guarantee selection as a SUFA Trainer.
- I consent to the review of my application materials by the SUFA Trainer selection team.
- I understand that my application materials will be maintained in accordance with SUFA's privacy and record retention practices.
- I have reviewed the "Before You Apply" commitments, including the fidelity, financial, licensing, and post-termination obligations that apply to SUFA Trainers and the organizations they represent.
- If selected, I agree to complete all required prerequisites, including attending a SUFA participant workshop and successfully completing the SUFA ToT program, before delivering SUFA workshops.
- If certified, I agree to deliver the SUFA curriculum with fidelity and to comply with the SUFA Organization & Authorized Trainer Agreement and all applicable licensing requirements.
- I consent to receive communications from the SUFA program regarding my application, certification status, curriculum updates, trainer resources, recertification opportunities, and other professional development opportunities.

20. Signature *

21. Date *

Ready to apply?

Submit your responses through the official SUFA Trainer Application form.

Questions? Contact us at hello@substanceusefirstaid.org