

TO: Persons Interested in Critical Incident Stress Management Team Membership

FROM: CISM Team-Tidewater

SUBJECT: Application for Membership on the Regional CISM Team

Applications are being accepted for membership on the Tidewater Critical Incident Stress Management (CISM) Team. Applications should be returned to the Tidewater EMS Council office along with a letter of recommendation from your agency head, chief or other supervisory-level individual. The letter should provide a personal reference and indicate agency support for your membership on the team. The CISM Team will screen applications, conduct interviews and select members. Submission of an application does not mean automatic acceptance.

Individuals with a strong background in counseling/psychology/social work/psychiatric nursing will be considered for mental health team leader positions. Emergency services workers (police, fire, EMS, dispatch and spouses) may apply to become peer debriefers.

Training sessions are arranged through the Virginia Office of Emergency Medical Services or the International Critical Incident Stress Foundation. The training is designed to prepare mental health professionals and peers to conduct critical incident stress debriefings and related services. All CISM applicants must attend a two-day basic training session before final acceptance as a team member. Persons who have not completed the two-day training at time of application will be notified of upcoming training.

Mental health members will be required to spend some time in cross-training in the EMS and public safety areas, i.e. riding with the rescue squad, fire department and/or police department. This training will be arranged locally.

Membership on the team is voluntary. You will receive no honoraria for your participation in debriefings, team meetings or training, nor can professional liability insurance be provided. You will, however, receive tremendous satisfaction as you provide support, reassurance and comfort to those dedicated emergency service workers suffering from physical and emotional aftershocks of critical incidents. If you feel that you truly wish to devote some time, energy and talent to the CISM team, we welcome your application.

If you have any questions about this program, please call the Tidewater EMS Council, (757) 963-0632, or the Virginia Office of EMS, 1-800-523-6019.



TEMS Critical Incident Stress Management Team
Membership Application

Check appropriate category: *Mental Health Professional*
 Peer Debriefer

I. Personal Information:

Name:	
Address (home)	
City, State, Zip	
Phone (home)	
Address (work)	
City, State, Zip	
Phone (work)	
Pager Number	
E-mail address	
Cell Phone Number	
Other contact numbers & methods	

II. Education: *List most recent first*

Institution	Degree Date	Degree

III. Employment Information *List most recent first*

Employer	Job Description/Responsibilities	Duration

IV. Membership in Professional Organizations: (Names and Dates)	
Organization Name	<i>Dates</i>

V. Participation in Professional & Community Activities: (Names and Dates)	
Organization Name	<i>Dates</i>

VI. Supplemental Information: (Sections 1-8)
<i>1. List and describe any formal training you have received in stress management, crisis intervention, counseling, etc. List and describe related conferences.</i>
<i>2. Describe any participation you've had in counseling sessions either personally or with clients.</i>

3. *Describe yourself as you see yourself.*

4. *Describe yourself as you think others see you.*

5. *Describe your problem solving process.*

6. *Identify areas in your own life that you feel need or needed a debriefing.*

7. *Describe how you see others dealing with stress.*

VII. Emergency Services Relationships:
1. Describe your past experiences with Emergency Medical Services.
2. How did you hear about the Tidewater Critical Incident Stress Management Team?

VIII. Any comments or concerns:

IX. References: List three references who can address your work in counseling or could support your role on this team.			
<i>Name</i>	<i>Address</i>	<i>Phone</i>	<i>Relationship</i>
1.			
2.			
3.			

Please return this application to:
TIDEWATER EMS COUNCIL, INC.
6353 Center Drive Ste 101
Norfolk, VA 23502

- Attach a letter of recommendation from your supervisor/Chief.
- Attach a copy of your Basic CISM Training certificate if the training has already been completed.
- Mental health applicants, please attach a copy of your advanced degree