

**WESTERN VIRGINIA EMERGENCY
MEDICAL SERVICES COUNCIL, INC.**
1944 PETERS CREEK RD.
NW
ROANOKE VA 24017-1613

**CRITICAL INCIDENT STRESS MANAGEMENT TEAM
PERSONNEL APPLICATION**
(This form may also be used as a personnel update form)

Please Print or Type

Date Form Completed: _____ CISM Team: Western Virginia EMS CISM Team

Name: _____ DOB: ____/____/____

Address: _____

(City) (State) (Zip)

Contact Information

Phone: Home _____ Work _____

Pager _____ Mobile _____

E-mail _____

Agency Affiliation: _____

Education: (Indicate highest completed)

High School Associates Bachelors Masters Doctorate

Highest EMS Certification: EMR EMT AEMT EMT-I PARAMEDIC

Other _____

CISM Specialty (check all that apply)

EMS	Fire	Law Enforcement	Telecommunications
Search and Rescue	Mental Health	Chaplains	Swift Water Rescue
Park Service	Forestry Service	Health Care	Heavy Duty Tactical
Air Transport			

EXPERIENCE

How many years of experience do you have in CISM (check one)

None 1-5 6-10 11-15 16-20 21+

Are you an instructor in CISM Courses? Yes No

If so, please list the courses and dates of certification (if available):

List any training you have completed related to CISM (please include dates if possible):

Please indicate the courses you have completed:

NIMS 700	IS-100	IS-200	IS-800	Other:
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ATTACHMENTS:

Please attach a letter from your current supervisor, chief, or source who is familiar with your ability and experience related to the duties of your profession (fire, rescue, etc) and any critical incident management response experience.

Please attach a reference who can verify your interest not only in the profession (fire, rescue) but also in assisting people in crisis.

Mental Health Worker only: Please submit a copy of your license/credential or transcript of your coursework.

ATTEST:

I attest that the above information is true and correct. I understand that fraudulent entry of information will result in non-acceptance or dismissal.

Signature _____ Date: _____

CISM TEAM ENDORSEMENT: This individual is accepted for membership in the WVEMS CISM Team.

Signed: _____ Date _____

Name (Printed or Typed): _____