

**Nebraska Statewide
Critical Incident Stress Management Program**
Membership Application

Program Use Only	Troop Area _____
μ MH Support (Credentials Confirmed? Y N)	
μ Peer Support (Affiliation: _____)	

First Name _____ Middle Initial _____ Last Name _____

Contact Information *(Upon your acceptance to the CISM Program, this information may be shared with other CISM Program Members to facilitate team deployment and communications.)*

Mailing Address _____
 City _____ State _____ Zip Code _____
 Work Phone (_____) _____ Home Phone (_____) _____
 Cellular (_____) _____ Pager (_____) _____
 E-mail _____ Fax _____

Employment History for Past 5 Years *(Please list the most recent position first.)*

Employer	Job Title	Dates of Employment

Training/Education *(List the most recent education first.)*

Institution	Dates of Attendance	Degree/Certification

Mental Health Professionals: *Discipline:* _____ *License #* _____ *State:* _____

Community Activities and Professional Organizations *(Please include any affiliation with a volunteer fire department or rescue squad or crisis intervention program.)*

Name of Organization	Office/Duties	Dates of Membership

References (Please provide three character references.)

Name	Occupation	Daytime Phone Number

Group Process or Stress Management Training (List and describe any formal training in group process; acute, chronic and cumulative stress; post-traumatic stress; crisis intervention; or psychological first aid.)

Title of Training	Description	Dates of Attendance

Have you attended CISM Basic Training? Yes No
 (If yes, please provide a copy of your "Certificate of Completion") Date of CISM Basic Training / /

Related Experience (Describe your experiences with emergency services.)

Have you ever been convicted of a felony? Yes No

I attest that the information I have provided is true and accurate. I give permission for a representative of the CISM Program to contact current and previous employers and character references listed on this application.

Signature of Applicant

Date

Application Check List

- ✓ Complete and sign the application.
- ✓ If you have completed a CISM Basic Training course, attach a copy of your Certificate of Completion.
- ✓ Attach any necessary documentation for Clergy as specified in Neb. Rev. Stat. 71-7105 –7110, § 003.01M5, Regulations governing the Critical Incident Stress Management Program.

 Send the application and all attachments to: **CISM Program Membership, HHS Regulation & Licensure, P.O. Box 95007, Lincoln, NE 68509-5007.** The CISM Coordinator in your region will review your application and contact you to schedule an interview. If you have any questions about the program or this application call **(402) 471-0539 or (800) 422-3460 (EMS Program).**