

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH
OFFICE OF EMERGENCY MEDICAL SERVICES
1041 TECHNOLOGY PARK DR
GLEN ALLEN, VA 23059

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: _____

Name: _____ DOB: ____/____/____

Address: _____

(City) (State) (Zip)

Home Phone: _____ Work Phone: _____

Pager #: _____ Cellular Phone #: _____

E-mail Address: _____

Agency Affiliation: _____

Education: (circle highest completed) *High School, Associate, Bachelor, Master, Doctorate*

Highest EMS Certification: *FR, EMT-B, EMT-I, EMT-P, other:* _____

CISM Specialty (circle all that apply): Fire EMS Police Telecommunications
Medical Staff Chaplains Mental Health Search and Rescue

How many years of experience do you have in CISM (circle one)? 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 the training you have completed related to CISM (please include dates if possible):

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

Signed: _____ Date: _____

CISM TEAM ENDORSEMENT: This individual is accepted for membership in the CISM Team named on the front of this application.

Signed: _____ Date: _____

Printed Name: _____