

**International Critical Incident  
Stress Foundation, Inc.**  
A Non Profit Foundation  
3290 Pine Orchard Lane, Suite 106  
Ellicott City, Maryland 21042  
(NGO-Special Consultative Status to the United Nations)

*Application Form*  
**ICISF “Certificate of Specialized Training” Program**

Name and Credentials (max. 3): \_\_\_\_\_

Primary Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Day Phone #: \_\_\_\_\_ FAX #: \_\_\_\_\_

Email Address: \_\_\_\_\_ ICISF Membership #: \_\_\_\_\_

\*I would like to receive ICISF E-mail updates & announcements: \_\_\_ Yes \_\_\_ No

Member of CISM Team Y / N if Yes Team Name \_\_\_\_\_

Please check the Specialty track you are applying for:

Mass Disaster                       Children & Schools  
 Emergency Services               Spiritual Care  
 Workplace                             Substance Abuse

**I understand that this is a “Certificate of Specialized Training” Program. A certificate of specialized training will be awarded for the documented completion of specialized ICISF Critical Incident Stress Management courses. The “Certificate of Specialized Training” attests to the completion of a standardized curriculum in Crisis Intervention. This certificate does not indicate competence in the field, but rather the completion of the curriculum.**

\_\_\_\_\_  
*Signature and Title*

***Please remember to include:***

- ✓ Application form (*please submit a separate application form for each track*).
- ✓ With each application please submit copies of the required certificates.
- ✓ Application fee:  
    \$75.00 – Member Rate  
    \$150.00 - Non-Member Rate

We Accept MasterCard, Visa, American Express and Discover

\_\_\_\_\_  
Credit Card #                                      Exp. Date                                      Security Code                                      Amt.

\_\_\_\_\_  
Signature

***Incomplete Applications will not be reviewed!***

Revised:6/30/2008