**CISM TEAM VERIFICATION PACKET**

**(Formerly “Registration” Packet)**

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**AN EXPLANATION OF ICISF TEAM DEFINITIONS**

* A "Listed” ICISF team is a team that has submitted a Team information Form only. That

information, which is taken at face value and is not vetted, is entered in our database. The

team then will be issued a certificate indicating it is an “lClSF Hotline Team”.

* A “Verified” team is a team that has requested and completed a Verification Packet that includes but is not limited to the Team Information Form. The Verification Packet will be reviewed by ICISF in a vetting process. Upon ICISF approval the team will be issued a certificate that the team is recognized as a “Verified ICISF Team” and the team number in our database will be suffixed with the letter “V”
* A team may also apply for membership in ICISF, Inc. by completing a Membership Application and submitting the required fee to ICISF. Member team numbers will be suffixed with the letter “M”.

**Membership benefits are:**

**1.** Membership in ICISF places the team in an international network of Critical Incident Stress Management teams,

service providers, administrators, commercial and industrial services, researchers and educators who function in the field

of activity associated with critical incident stress and post trauma syndromes.

**2.** Your team will be able to access the quarterly lClSF LifeNet Newsletter which provides important updates on Critical

incident Stress and Psychological trauma on our website.

**3.** The Team will receive a certificate of membership and team card.

**4.** All active team members will receive a 15% tuition discount on all lClSF regional conferences and the World Congress. When registering for a conference or the World Congress a letter from your team leadership stating that the individual is a current member in good standing along with a copy of the team membership card must accompany the registration form.

**5.** Routine and Emergency critical incident stress consultation without charge.

**6.** Regular mailings announcing ICISF emails announcing ICISF activities, updates on new procedures and current

education programs

**7.** Quarterly team spotlight in the lClSF LifeNet newsletter.

**8.** ICISF Enterprise Rent-A-Car Corporate Code for discount pricing on business or personal use.

**9.** ICISF Super Shuttle/ExcuCar Corporate Code for discount pricing on business or personal use.

**ALL teams are required to update contact information annually to be listed on the ICISF website.**

ICISF CISM TEAM VERIFICATION IS NOT AN ENDORSEMENT OR ATTESTATION OF COMPETENCY, NOR IS IT ACERTIFICATION TO PRACTICE. NO OPERATIONS RELATED TO ICISF (CONTRACTUAL OR FUNCTIONAL AFFILIATION) ARE EXRESSED OR IMPLIED. THIS VOLUNTARY VERIFICATION REPRESENTS A RESOURCE GUIDE AND AS SUCH IS OFFERED AS A SERVICE TO THE CISM COMMUNITY WORLDWIDE. ICISF RESERVES THE RIGHT TO WITHHOLD VERIFICATION OR WITHDRAW A TEAM’S "VERIFIED" STATUS FOR LEGITIMATE REASONS, WHICH INCLUDE, BUT ARE NOT LIMITED TO, NON-COMPLIANCE WITH THE STANDARDS OUTLINED IN THIS VERIFICATION PACKET, VIOLATIONS OF THE STANDARD PROTOCOLS AND PROCEDURES ADOPTED BY ICISF AND VIOLATIONS OF ETHICAL PRACTICES OR THE PERFORMANCE OF CRIMINAL ACTS.

**General Instructions:**

This packet is to be completed by the team's clinical director and the senior coordinator.

Please fill out all forms, sign and date in designated areas and supply copies of all required documentation. Only a completed Verification Packet will be processed.

Return to:

INTERNATIONAL CRITICAL INCIDENT STRESS FOUNDATION, INC.

3290 Pine Orchard Lane, Suite 106

ELLICOTT CITY, MARYLAND 21042-2242

Telephone: 410-750-9600 Fax: 410-750-9601

To send PDF by email the address is hotline@icisf.org

**CHECKLIST**

The following items are to be included:

[ ]  Letter attached from sponsoring agency.

[ ]  Complete mission statement enclosed in registration packet.

[ ]  Complete administration and govemance policies and procedures included in registry

packet.

[ ]  Complete documentation of team membership (list) and team member qualiﬁcations

included in the registry packet.

[ ]  Complete documentation of team training qualiﬁcations (minimum training standards)

included in the registry packet.

[ ]  Signed veriﬁcations of team member training and adherence to standard policies and

procedures contained in the verification packet.

[ ] Team policies and procedures included in the verification packet.

**DETACH AND RETURN THIS ENTIRE PACKET WITH SUPPORTING DOCUMENTATION FOR ICISF TEAM VERIFICATION.**

[ ] **Check here if ICISF may use your protocols and procedures marked as samples,**

**with credit given to team.**

**APPLICATION FOR CISM TEAM VERIFICATION WITH ICISF, Inc.**

**Page one of two page application**

NAME OF THE SPONSORING AGENCY (NOT THE TEAM ITSELF UNLESS SELF-SPONSORED)

NAME: Click here to enter text.

ADDRESS Click here to enter text.

CITY Click here to enter text. STATE/PROVINCEClick here to enter text. ZIP+4Click here to enter text.

PHONE (With area code and extension, if applicable) Click here to enter text.

QRGANIZATION'S CONTACT PERSON Click here to enter text.

.SPONSORSHIP

The sponsoring agency must be a legally constituted entity instituted and conducted pursuant to the

laws of all relevant jurisdictions.

Categories of sponsorship are listed below. Only the most applicable category should be chosen. If

"other" is chosen, a description of the category must be provided.

SELECT ONLY ONE CATEGORY BELOW WHICH BEST DESCRIBES TEAM AFFILIATION.

[ ]  1. Public safety agency of federal, state or local jurisdiction (fire department, law enforcement

agency, emergency medical services organization, communications center, corrections

department, ski patrol, lifeguard services, park service, specialized rescue services).

[ ] 2. Public / Community service institution or organization other than public safety (community

mental health center, county or municipal hospital, Red Cross, United Way program

[ ] 3. Professional society / association (medical society, psychological society or association, ﬁre

chiefs association, police chiefs association professional nurses association, search

and rescue organization, etc.).

[ ] 4. Business or industry.

[ ] 5. State government (ofﬁce of emergency management, governor's ofﬁce, health department,

education department, prison systems, parks and recreation, forestry departments,

natural resources, etc.).

[ ] 6. County / City agency other than public safety (personnel department commissioner's ofﬁce,

port authority, airport, school system, etc.).

[ ] 7. Federal government agency / organization other than public safety (Army, Air Force, Marine

Corps, Navy, Coast Guard, customs, immigration, transportation, aviation,

communications, etc.).

[ ]  8. Self-sponsorship (incorporated team not under the sponsorship of any other organization or

agency; private hospitals, colleges and universities, churches).

[ ] 9. Union (business, industrial, public safety, hospital, etc.).

[ ] **10.** Other (describe).Click here to enter text.

**APPLICATION FOR CISM TEAM REGISTRATION WITH ICISF, INC.**

**Page two of two page application**

TEAM NAMEClick here to enter text.

MAILING ADDRESSClick here to enter text.

CITY Click here to enter text.STATE Click here to enter text. ZIP+4 Click here to enter text.COUNTRY Click here to enter text.

EMERGENCY PHONE: Click here to enter text. ROUTINE PHONE: Click here to enter text.

CLINICAL DIRECTOR AND DEGREE (if applicable )

 Click here to enter text.

CLINICAL DIRECTOR'S AGENCY/ORGANIZATION, and PHONE

Click here to enter text.

 **I. VERIFICATION OF TEAM COMPLIANCE WITH MINIMUM TRAINING QUALIFICATIONS**

**AND STANDARD CISMICISD PROTOCOLS**

 We the undersigned clinical director and team coordinator, do hereby attest and verify that this team requires all of its members to complete the minimum training standards outlined under Section V of the ICISF team verification packet. (That is, all members on the above named team have completed a minimum of a two-day basic CISM course that was taught, sponsored or endorsed by ICISF according to the criteria outlined in Section V of the ICISF CISM team verification packet.)

 Furthermore, we attest and verify that this CISM team and its members adhere to the ICISF model of CISM management.

 (Both signatures required)

Date:Click here to enter text.

CLINICAL DIRECTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Click here to enter text.

TEAM COORDINATOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Click here to enter text.

**II. MISSION STATEMENT**

Please provide a copy of your team's mission statement, by laws and/or charter which

indicates each of the following:

1. PURPOSE

2. TYPES OF POPULATIONS SERVED

3. WHETHER SERVICES ARE PROVIDED PRO BONO QR FEE-FOR-SERVICE

4. CORPORATION STATUS (NON-PROFIT, FOR PROFIT, NOT INCORPORATED, ETC.)

Additional supporting information is welcome in addition to the speciﬁc requests outlined

above.

**III. ADMINISTRATION AND GOVERNANCE**

Please provide a written copy of your team's operating protocols and procedures (and, if possible, a disk copy using Word or compatible program), which describes how the team is administered and governed. Include at least the following items in the administration and governance documents:

1. An organizational chart of the team.
2. Deﬁnition of team leadership qualiﬁcations.
3. Descriptions of the roles and responsibilities of the leaders of the team.
4. Deﬁnition of qualiﬁcations, roles and responsibilities of other members of the team
5. A description of the usual services provided by the team.
6. A delineation of mechanisms for supervision of team activities.
7. Minimum requirements for maintaining individual membership on the team. Minimal requirements for continuing education should be included.
8. A delineation of mechanisms for the removal of team members who do not comply with

the minimal standards for the provision of Critical Incident Stress Management services

as described in this document and the ICISF Model.

**IV. TEAM MEMBERSHIP**

Please provide the following documents:

1. A copy of the application form used by person applying for team membership.

2. A written statement of compliance that the team accepts qualiﬁed applicants in a nondiscriminatory manner with regard to gender, race, religion, culture and ethnic or national origin.

3. Written entry-level qualifications for team membership.

**V. TEAM TRAINING QUALIFICATIONS**

The team coordinator and the clinical director must confirm in a signed statement that all team members (including mental health professionals, clergy and peer support personnel) have completed, as a minimum:

* The two-day “Group Crisis intervention” training course:
	+ Sponsored by ACISF (1989-1992) I ICISF (1992-1994) or
	+ Endorsed by ACISF I ICISF (1989--August 1, 1994) or
	+ Taught by an instructor who has completed the ICISF “Train the Trainer" course for “CISM: Group Crisis Intervention” after January 1994. (A list of instructors who have completed this course and are therefore approved to teach the “CISM: Group Crisis Intervention” course is maintained in ICISF headquarters.)
	+ Taught by an approved ICISF instructor whose program content is consistent with the “lClSF Model" (formerly Mitchell model).

NOTES:

A category of "associate team members" or "members in training” may be established for those persons in training who have not yet met the entry-level criteria but intend to do so. These individuals cannot be considered active team members until they successfully complete a basic CISM training course that fulﬁlls the criteria above. Associate team members should NOT provide intervention services such as on-scene support services, defusings, debrieﬁngs, demobilizations, individual consults, signiﬁcant other support services, follow-up services and community support services until they are property trained.

**VI. FUNCTIONAL ADHERENCE TO THE "ICISF MODEL" (Formerly “Mitchell Model”)**

The team leadership (clinical director and team coordinator) must provide signed, written

conﬁrmation (see page 4) that the team adheres to the ICISF model and the CISM procedures

described in the course books.

Considerations may, under some circumstances, be provided to teams functioning at a variance due to unique geographical, demographic, ethnic, religious, organizational or cultural demands. lt is necessary, however, that a complete explanation of such a variance be provided. Additional written documentation describing the type of variance and a rationale for deviation from the standard should be included in the packet. Approval of variances from ICISF CISM standards will be made on a case-by-case basis. ICISF reserves the right to withhold or withdraw a team from the registry list if deviations from these standards are considered extreme, unreasonable, improper or potentially harmful.

**VII. IN-SERVICE TRAINING**

A team must maintain documentation of ongoing in-senvice education I training offered to team members for review by lClSF if called for. Additional training courses beyond the minimal

requirements are highly recommended.

**VIII. ETHICS**

The team leadership (the clinical director and the team coordinator) must provide a written

statement of compliance with all relevant ethical and professional guidelines

**IX. VERIFICATION PERIOD**

Team verification is an active ongoing process. Because of the increased need to contact

local teams for local, regional and national disasters; accurate and timely information is needed.

Annual updates must be made to team information in order to retain ”current status. Failure to

comply with this annual requirement may result in submission of a new verification packet being

required.

Verification packets are reviewed as received; the team will be notified when packet is received

and after review is completed. Allow several weeks for review process.

Dependent on the activity of the team as reported on their annual update, re-verification may

be required as requested in order to maintain “verified” status.

A “Team Information Form” must be completed to provide the necessary information for the HOTLINE database. It may be downloaded at

<https://www.icisf.org/wp-content/uploads/2014/04/0-team-form-05-11-11.doc>

ANY QUESTIONS CONTACT HOTLINE@ICISF.ORG



(ICISF VP GG 1-31-18)