



Certificate of Specialized Training Program  
New Application Form

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

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

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

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

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

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

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

**Please check the Specialty Track you are applying for:**

- Emergency Services       Schools & Children       Healthcare Crisis Mgmt & Staff Support
- Mass Disaster               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, nor does it provide certification in the field of CISM.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*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: **We accept MasterCard, Visa, American Express and Discover**

**\$35.00- Approved Instructor Rate**

**\$75.00 – Member Rate**

**\$150.00 - Non-Member Rate**

Card Type: \_\_\_\_\_ Zip Code (*associated with card*): \_\_\_\_\_

\_\_\_\_\_  
Credit Card #

\_\_\_\_\_  
Exp. Date

\_\_\_\_\_  
Security Code

\_\_\_\_\_  
Amt. to Charge

\_\_\_\_\_  
Signature

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

Revised: 08/28/2018