

# ICISF Members & CISM Teams Listed in Registry: Updating Team Information Form

How to login to the ICISF website to fill out or update your  
ICISF Team Information Form

*Last Updated April 6, 2022*

# Important Notes


- CISM/Peer Support Teams that have an ICISF Membership (Individual or Team) should login to their account (<https://icisf.org/login/>) to fill out or update their Team Information Form.
- If you already see your CISM Team listed on our website, you also have an account login. Click the link above to login with your username and password.
- **Team Coordinators ONLY should be filling out the Team Information Form**

# Visit ICISF.ORG

Click on the “**Member Login**” button or click <https://icisf.org/login/>

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International Critical Incident Stress Foundation, Inc.

HELPING SAVE THE HEROES

## MANAGING SCHOOL CRISES

**Schools Are Under Attack: Learn How To Help Your Staff**



**Learn More**

# Login to Your ICISF Account

Enter your Username and Password to login to your ICISF account. If you've forgotten your Username or Password, click on "**Forgot Username or Password**" to reset them.

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*HELPING SAVE THE HEROES*



Username :



Enter Login Name

Password:



Enter Password

Login



[Forgot Username or Password?](#)

# ICISF Individual/Team Membership Dashboard

Once you login, if you have an Individual or Team Membership, you'll see your dashboard (pictured below). Click on “**View/Edit CISM Team Registration Form**”.

**This form should be updated ANNUALLY to remain listed on the CISM Team Information page.**

You are logged in as **User ID** Member Number: **Member #**

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## ICISF Membership (Active)

Member Number: 44464

[Download Membership Certificate](#)

[Download Membership Card](#)

[Click here to access LifeNet](#)

[Member Discount Codes](#)

[Team Member Letter](#)

## ICISF Member Company Store

<https://icisfmember.qbstores.com/>

## Member Library

<https://icisf.org/member-library/>

## CISM Standard Operating Procedures (SOP's) and Guidelines

<https://icisf.org/member-library-sops/>

[View/Edit CISM Team Registration Form](#)

[Team Registry Certificate](#)

[Team Terms & Conditions](#)

[SOP Guidelines & Samples](#)

# ICISF Team Coordinator Dashboard

Once you login, if you are listed on the Team Listing but aren't an ICISF Member, you'll see your dashboard (pictured below). Click on "**View/Edit CISM Team Registration Form**".

**This form should be updated ANNUALLY to remain listed on the CISM Team Information page.**



You are logged in as **User ID**

[Account](#) [My Profile](#) [Change Password](#) [Manage Subscriptions](#) [My Payment Methods](#) [My Transactions](#) [Logout](#)

**CISM Team Registry (Active)**

**View/Edit CISM Team Registration Form**

Team Registry Certificate

Team Terms & Conditions

SOP Guidelines & Samples

# Fill Out Team Information Form

Reporting period from : 02/24/2022 to 02/24/2023

## Team Contact Info

Team Name \*

Attention(First Name) \*

ICISF Team

Attention(Last Name) \*

Coordinator

Address line 1 \*

3290 Pine Orchard Lane, Suite 106

Address line 2

City \*

Ellicott City

State \*

MD

Zip + four \*

20142

Country \*

United States

County served \*

Other

## Please Fill Out:

1. Team Name\*

(The following *should be auto-filled from account creation*)

2. Team Coordinator's First and Last Name\*

3. Team's Address\*

4. City, State, Zip Code, & Country\*

5. Fill in the Primary County Served\*

6. Any additional counties or areas served

**\* = Required Fields**



# Fill Out Team Information Form

Team Coordinator *		Team Mission *	
Name *	Number *	What group(s) does your team primarily serve?	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> All Emergency Services	
Email Address		<input type="checkbox"/> Fire Service <input type="checkbox"/> Airline	
<input type="text" value="test1@icisf.org"/>		<input type="checkbox"/> EMS <input type="checkbox"/> Schools	
		<input type="checkbox"/> Fire/Rescue/EMS <input type="checkbox"/> Private Industry	
		<input type="checkbox"/> Law Enforcement <input type="checkbox"/> Military	
		<input type="checkbox"/> Hospital Staff <input type="checkbox"/> Community	
		<input type="checkbox"/> Other	
Clinical Director *		Language(s)	
Name *	Number *	Are any members of your team fluent in other languages? (Occasionally ICISF gets a request to assist someone to assist where another language might be helpful.) Please add them below:	
<input type="text"/>	<input type="text"/>		
Email Address			
<input type="text" value="example@abc.com"/>			
Team Contact Numbers : If different than above			
1.	Person or Agency	4107509600	
2.	Person or Agency	Telephone number	
Sponsoring Agency		Language(s) Mental Health Peer	
<input type="text" value="Sponsoring Agency"/>		<input type="text"/> <input type="text"/> <input type="text"/>	
		Language(s) Mental Health Peer	
		<input type="text"/> <input type="text"/> <input type="text"/>	

## Please Fill Out:

1. Team Coordinator contact information\*
2. Team Clinical Director's name and contact information\* - **Required for all CISM Teams (review Terms and Conditions)**
3. Team Contact Numbers
4. Sponsoring Agency/Organization
5. Team Mission - *What groups do your team primarily serve?*\*
6. All languages your team members speak

\* = Required Fields



# Fill Out Team Information Form

## Notifications

The ICISF receives requests for interventions from individuals or others that are not Emergency Services Based.

**Please notify for Incidents requiring prompt response: \***

- ☐ Non-emergency requests  
☐ All requests

We will assist non-emergency requests

**Directly:** ☐ Yes ☒ No

**or Indirectly:** ☐ Yes ☒ No

## Sharing

The current policy at ICISF has been to NOT release CISM team data for general non-emergency purposes unless prior approval has been obtained from the team.

**Do you want ICISF to release your CISM Team contact information to any individual or agency that requests this information from ICISF?**

- ☐ Yes ☐ No ☐ Other CISM teams only

If "To other CISM teams only" is checked, any incoming request will be forwarded to you for consideration. ICISF would appreciate if you would advise us of your action or non-action.

☐ I have read and agree to all the [Terms and Conditions](#)

Submit

**Disclaimer** - By completing this form you are attesting to team members being trained in ICISF CISM Core courses and follow the ICISF CISM protocol.

## Please Fill Out:

1. Notifications for incidents requiring prompt responses\*
2. Let the ICISF know if you will assist directly or indirectly for non-emergency requests
3. Let us know if you'd like your **team contact information released to any individual or agency** requesting this information or just release it to other CISM Teams
4. Check that you have read the **"Terms and Conditions"**
5. Click on "Submit" to save the information in this form

**\* = Required Fields**

# CISM Team Registry Terms & Conditions

## **Make sure to review the CISM Terms and Conditions before adding your Team Information!**

By completing this form you agree that all team members have completed training of the Core Courses ([Group Crisis Intervention & Assisting Individuals in Crisis](#)) and that your team is following the guidelines set in place below.

- CISM teams attests that this team follows the ICISF CISM Model for Interventions and Team Management Structure when responding to a critical incident. See handout information ([Resources](#))
- CISM Teams are required to have at least 1 person that is a MHP (Mental Health Professional) who will serve as the clinical director. [i.e., practicing counselor (LPC), Social Worker (SW), Psychologist (Ph.D.), Psychiatrist or Marriage Family Therapist (MFT)]. A Chaplain can be used as a clinical director if they have some type of counseling style background.
- Teams will not deploy any person who has not been trained in the ICISF model of CISM.
- Teams shall maintain records of the trainings attended by their team members.

# CISM Team Registry Terms & Conditions

- Teams shall be proficient in numbers 1-5 of the “6 core elements of CISM:”
  1. Assessment and Triage of people in crisis
  2. Listening skills, the SAFER-R model, and Individual Crisis Intervention
  3. Informational group processes
  4. Interactive group processes
  5. Strategic Planning, Incident assessment, Operations management, Target, Types, Timing, Theme, and Team
  6. Personal and Community resilience. (Resiliency includes the concepts of resistance, resilience, and recovery)
- Teams shall provide and/or coordinate quality CISM services to emergency responders and/or community members.
- Team members shall maintain a respectful lifestyle that is free from illegal activity, including problematic alcohol use, illegal drug use, abuse of prescription medications, unethical or inappropriate sexual behavior and harassment of any kind.

**By clicking submit, you also agree to have your team name, city and state listed on the ICISF website list and map.**

# Team Coordinator Account & Dashboard

You will then be redirected to your Team Dashboard, where you will have access to:

**View or Edit the Team Information Form; Download your Team Registry Certificate;  
Review the Team Terms and Conditions; View Standard Operating Procedure  
Guidelines & Samples from other CISM/Peer Support Teams**

You are logged in as: **User ID** Member Number: **Member #**

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[Review and Update Your Subscription](#)

# You're All Done!

## Some things to keep in mind:

- We require each Team Coordinator to update their Team Information Form **Annually**.
- You can login and access your account at any point and time. If you forget your Username or Password, **just request a reset** on our website.

## Additional Questions?

Contact Michele Parks at [cismteams@icisf.org](mailto:cismteams@icisf.org) or (443) 325-5219.

Thank you for updating your ICISF Team  
Information Form!