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/](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/

Click here for COVID-19 Resources from ICISF

MANAGING SCHOOL CRISIS
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.
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 #**
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.
# Fill Out Team Information Form

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

## Team Contact Info

<table>
<thead>
<tr>
<th>Team Name</th>
<th>Attention(First Name) *</th>
<th>Attention(Last Name) *</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ICISF Team</td>
<td>Coordinator</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address line 1 *</th>
</tr>
</thead>
<tbody>
<tr>
<td>3290 Pine Orchard Lane, Suite 106</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address line 2</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City *</th>
<th>State *</th>
<th>Zip + four *</th>
<th>Country *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ellicott City</td>
<td>MD</td>
<td>20142</td>
<td>United States</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County served *</th>
<th>Other</th>
</tr>
</thead>
</table>

* = Required Fields

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
Fill Out Team Information Form

<table>
<thead>
<tr>
<th>Team Coordinator *</th>
<th>Team Mission *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name *</td>
<td>What group(s) does your team primarily serve?</td>
</tr>
<tr>
<td>Number *</td>
<td>□ All Emergency Services</td>
</tr>
<tr>
<td>Email Address</td>
<td>□ Fire Service</td>
</tr>
<tr>
<td><a href="mailto:test1@icisf.org">test1@icisf.org</a></td>
<td>□ EMS</td>
</tr>
<tr>
<td>Clinical Director *</td>
<td>□ Fire/Rescue/EMS</td>
</tr>
<tr>
<td>Name *</td>
<td>□ Law Enforcement</td>
</tr>
<tr>
<td>Number *</td>
<td>□ Hospital Staff</td>
</tr>
<tr>
<td>Email Address</td>
<td>□ Community</td>
</tr>
<tr>
<td><a href="mailto:example@abc.com">example@abc.com</a></td>
<td>□ Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Team Contact Numbers</th>
<th>Language(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Person or Agency</td>
<td>Language(s)</td>
</tr>
<tr>
<td>4107509600</td>
<td>Mental Health</td>
</tr>
<tr>
<td>2. Person or Agency</td>
<td>Peer</td>
</tr>
<tr>
<td>Telephone number</td>
<td>Language(s)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sponsoring Agency</th>
<th>Language(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sponsoring Agency</td>
<td>Mental Health</td>
</tr>
</tbody>
</table>

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

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
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 #

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

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 or (443) 325-5219.

Thank you for updating your ICISF Team Information Form!