

TENNESSEE PUBLIC SAFETY NETWORK

**Critical Incident Stress Debriefing
Team Membership**

LICENSED MENTAL HEALTH PROFESSIONAL APPLICATION

PERSONAL INFORMATION

Name: _____ (Male)____(Female)_____

Address: _____(City)_____ (Zip)_____

Contact #s: (Work)_____ (Cell)_____

(Home)_____ (Fax)_____

Email address: _____

Employer: _____

EDUCATION – List most recent first

<u>Institution</u>	<u>Program/Major</u>	<u>Date</u>	<u>Degree/Certification</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT INFORMATION – List most recent first

<u>Place</u>	<u>Job Description/Responsibilities</u>	<u>Length of Employment</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

MEMBERSHIP IN MENTAL HEALTH ORGANIZATIONS

(List names and dates)

PARTICIPATION IN COMMUNITY ACTIVITIES

(List names and dates)

SUPPLEMENTAL INFORMATION

List any formal training you have received in stress management and any additional information you would like us to have about you to aid in the CISD team selection process.

How much flexibility do you have to go on a debriefing on a 24-48 hour notice?

List any stress management techniques you have utilized effectively.

List three (3) personal references who can attest to your work in mental health and/or can support your role on this team.

Name _____	Name _____	Name _____
Address _____	Address _____	Address _____
_____	_____	_____
Phone Number(s) _____	Phone Number(s) _____	Phone Number(s) _____

TENNESSEE PUBLIC SAFETY NETWORK

Please print the requested information below and attach your current CV and a copy of your current license. Please print or type legibly.

Last name _____ First Name _____

Title (circle) Ms. Mr. Dr. Degree _____

Office Address _____
City _____ Zip code _____

Telephone _____ Email _____

1. Are you licensed in the State of Tennessee? Yes No
2. If yes, licensed/certified as _____ License # _____
3. When does your current license expire? _____
4. Do you or your agency maintain Professional Liability insurance with a minimum coverage of \$1/\$3 million? Yes No
5. What is the date of expiration of your current Professional Liability policy? _____
6. Is it generally possible for you to schedule an appointment with a program participant within 24 hours? Yes No
7. Do you have a sliding fee scale? Yes No
8. Do you presently have time available to accept law enforcement referrals? Yes No
9. Do you have professional experience working with or providing services to law enforcement personnel? Yes No
10. Are you currently or have you in the past, contracted with or provided services to any law enforcement agency or organization, and if so, in what capacity? Yes _____ No
11. Are you qualified to perform Fitness for Duty evaluations on police officers? Yes No
12. Are you interested in joining a special team of clinicians who will be available for emergencies at ANY time of the day or night? Yes No
13. Identify up to three (3) areas of specializations for your listing:

1. _____
2. _____
3. _____

