

Nebraska Statewide  
Critical Incident Stress Management  
Program

**MEMBERSHIP APPLICATION**

<b>Program Use Only</b>		Troop Area: _____
<input type="checkbox"/> MH Support (Credentials Confirmed	<input type="checkbox"/> Yes	<input type="checkbox"/> No)
<input type="checkbox"/> Peer Support		
Affiliation(s):	<input type="checkbox"/> Corrections	<input type="checkbox"/> Dispatch <input type="checkbox"/> Emerg. Mgt.
(Please check all that apply.)	<input type="checkbox"/> EMS	<input type="checkbox"/> Fire <input type="checkbox"/> Fire / EMS
	<input type="checkbox"/> Hospital	<input type="checkbox"/> Law Enforcement

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

**CONTACT INFORMATION** *(Upon acceptance to the Nebraska CISM Program, this information may be shared with other CISM Program members to facilitate team deployment and communication.)*

Mailing Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

e-Mail Address \_\_\_\_\_

**EMPLOYMENT HISTORY FOR PAST 5 YEARS** *(Please list the most recent position first.)*

Employer	Job Title	Dates of Employment

**TRAINING/EDUCATION** *(Please list the most recent education first.)*

Institution	Dates of Attendance	Degree/Certification

**Nebraska CISM Program – Membership Application**

**Mental Health Professionals:** Discipline: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_

**COMMUNITY ACTIVITIES AND PROFESSIONAL ORGANIZATIONS** *(Please include any affiliation with a volunteer fire department, rescue squad, or crisis intervention program.)*

Institution	Dates of Attendance	Degree/Certification

**REFERENCES** *(Please provide three character references.)*

Name	Occupation	Daytime Phone Number

**GROUP PROCESS OR STRESS MANAGEMENT TRAINING** *(Please list and describe any formal training in group process; acute, chronic and cumulative stress; post-traumatic stress; crisis intervention; or psychological first aid.)*

Title of Training	Description of Training	Dates of Attendance

**Have you attended CISM “Basic Training?”**     YES     NO  
*(If yes, please provide a copy of your “Certificate of Completion.”)*    Date(s) of CISM training: \_\_\_\_\_ to \_\_\_\_\_

**RELATED EXPERIENCE** *(Please describe any experience with emergency service agencies and/or emergency service personnel.)*

---



---



---

Have you ever been convicted of a felony?     YES             NO

*I attest that the information provided is true and accurate to the best of my knowledge. I give permission for a representative of the Nebraska CISM Program to contact current and previous employers and character references listed on this application.*

\_\_\_\_\_  
Signature of Applicant \*

\_\_\_\_\_  
Date

*\* If filling out this form electronically, typing your full name in the “Signature of Applicant” field represents an electronic signature. By signing the application electronically, you are affirming that the information provided is true and accurate to the best of your knowledge, and that you give permission for a representative of the Nebraska CISM Program to contact current and previous employers and character references listed on this application.*

**Application Checklist**

- √ Complete and sign the application.
- √ If you have completed a CISM “Basic Training” course, attach a copy of your certificate of completion.
- √ Attach any necessary documentation for Clergy as specified in Neb. Rev. Stat. §71-7105-§71-7110 and Chapter 1, §002 and §003.01M5 of the Regulations Governing the Critical Incident Stress Management Program.

.....  
Please send application and attachments to:

OR

e-Mail electronic application to:

[debbie.kuhn@nebraska.gov](mailto:debbie.kuhn@nebraska.gov)

**CISM Program Membership**

**Nebraska EHS Program**

**P.O. Box 95026**

**Lincoln, NE 68509-5007**

*If you have any questions about the Nebraska CISM Program or the application process, please call 402-471-0119*