

ROCKY MOUNTAIN REGION DISASTER MENTAL HEALTH INSTITUTE CERTIFICATION AS CRITICAL INCIDENT STRESS MANAGEMENT RESPONDER

Requirements for Certification as a **Certified CISM Responder** through the Rocky Mountain Region Disaster Mental Health Institute include:

- Complete Application For Certification as CISM Responder through the Rocky Mountain Region Disaster Mental Health Institute.
- Verification of completion of Core courses in CISM (5 courses: can send certificate copies) Courses must have been completed within the past four (4) years.
 - CISM: Individual Crisis Intervention and Peer Support (or equivalent training)
 - CISM: Group Crisis Intervention
 - CISM: Advanced Group Crisis Intervention
 - CISM: Suicide Prevention, Intervention and Postvention (or equivalent training)
 - CISM Capstone Course: Strategic Response to Crisis
 - If you have an ICISF Certificate of Specialized Training, you may substitute that for copies of the above certificates. You must still complete the remaining requirements listed below.
- Verification of completion of ICS-100 and NIMS-700 courses from FEMA (can send certificate copies)
- Recommendation letter from at least one Team Coordinator or CISM Team Leader
- Documentation of at least one year as a CISM Responder either as individual or as team member. This should include at least two CISM sessions as a CISM Team member. This needs to be documented by a Team Leader or Coordinator.
- Successful (75%) completion of Certification Exam (open book).
- Remittance of Certification Exam Fee of **\$75 (non-refundable)**.
- Once successfully completed, Certification will be for a period of two (2) years, after which re-certification will be required. This will involve successful completion of the online update course that is offered by ICISF and Weber State University (or equivalent training). There will be a re-certification fee of \$35.
- Additional Advanced Certifications can also be achieved by successfully completing Specialty courses and other advanced courses relevant to specialty areas. Requirements for Advanced Specialty Certifications will be available elsewhere.
- This and Advanced Specialty Certifications are available through the Rocky Mountain Region Disaster Mental Health Institute. These certifications do not indicate competence in the field, but rather the successful completion of the indicated core curriculum(s), examination, experience and recommendations by coordinators and experienced certified colleagues.

Advantages of Certification

- Recognition of completion of a prescribed standardized core curriculum of training in Critical Incident Stress Management (CISM).
- Recognition of a specified level of experience, training and commitment to the field of Critical Incident Stress Management (CISM).
- Credential identifies you as a trained CISM Responder to Emergency Response groups, organizations, agencies, etc. (e.g., State Emergency Management, Department of Health, Homeland Security, Firefighters, Law Enforcement, EMTs, others).
- Certified CISM Responders will receive a 10% discount on all trainings offered by the Rocky Mountain Region Disaster Mental Health Institute. This discount is also applicable to the Annual Disaster Mental Health Conference.
- Certified CISM Responders will receive a certificate (suitable for framing) and a wallet card that indicates their status.
- Certified CISM Responders can choose to receive the WYO CISM NET Monthly Newsletter electronically or by mail.
- Certified CISM Responders may indicate their certification status in their signature blocks or on business cards by placing the letters “CCR” following their names. They may also choose to place the following after their names: “Certified CISM Responder”.

MAIL APPLICATION AND SUPPORTING MATERIALS TO:

Rocky Mountain Region
Disaster Mental Health Institute
Box 786
Laramie, WY 82073-0786

Be sure to include clear copies of the certificates of training. Recommendation letters must be sent separately by the person recommending you. Documentation of CISM experience, including CISD sessions, must be signed by the appropriate Team Leader or Team Coordinator. Exam Fee must be included in order to complete application and be considered. The exam may be completed by requesting a hard copy or by completing it online (it is in Word format. Download the exam, place your response on the line, save it to your computer or other device, send as an attachment to: mrinstitute@wyoming.usa.com). If any questions, please call 307-399-4818.

APPLICATION FOR CERTIFICATION AS CISM RESPONDER

This application will be treated as confidential by the Rocky Mountain Region Disaster Mental Health Institute, Inc. However, applicants who meet the criteria for Certification and pass the examination with a score of 75% or higher, will be listed as Certified Critical Incident Stress Management Responders in the Registry of the Rocky Mountain Region Disaster Mental Health Institute, which is the Institute's official directory and referral network. The Registry is available in hard copy and can also be accessed directly on the Internet at www.rmrinstitute.org/rmrdmhi.html

If an applicant is unsuccessful in either meeting the criteria for Certification or passing the examination, the applicant will be informed as to the reason for denial. The applicant will be given a second opportunity to provide additional supportive documentation, if needed, and/or a second opportunity to take the examination (revised version). This application re-evaluation and/or re-examination will be offered at no additional charge. If unsuccessful on the second opportunity, the applicant must wait one full year before re-applying for certification.

In order for the Institute to consider you for Certification, you must:

- Complete this application in its entirety,
- Provide copies of relevant training certificates,
- Provide at least one letter of recommendation from a coordinator,
- Provide a copy of your resume/vita,
- Provide documentation of at least one year's experience as a CISM Responder either as individual or as team member. This should include at least two CISD sessions as a CISD Team member. This needs to be documented by a Team Leader or Coordinator.
- Complete the Examination for CISM Responder Certification,
- Sign the declaration, and
- Enclose fee of \$75 for review of your application and examination.

Enclosed is my check for \$_____ **OR** use the Google Checkout to pay by credit card at: see button Certification Exam Fee on the Institute web page: <http://www.rmrinstitute.org>

OR

Paypal at: Go to the web page <http://www.rmrinstitute.org> and check the Exam Fee PayPal button.

1. INFORMATION

PLEASE PRINT CLEARLY

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Last Name	First Name	M.I.	Title (Dr., Mr, Mrs, Ms)
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Street Address	City	State	Zip Code
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Home Telephone	Office Telephone(s)	Fax Number	
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E-mail Address	Highest Educational Degree	Years of Experience in Field	

Profession (e.g., Firefighter, Law Enforcement, EMT, Mental Health, Nurse, Social Work, etc.):

2. PROFESSIONAL PROFILE

Please complete the following section in its entirety.

PART A	YES	NO
Have you ever been convicted of a felony?	()	()
Have you ever been disciplined for any type of unethical or illegal conduct?	()	()
Has your professional license/certification ever been revoked, suspended or limited?	()	()
Is there action pending to revoke, suspend, or limit your professional license/certification?	()	()
Is there any action pending related to your professional practice?	()	()
Have you ever voluntarily surrendered your license/certification?	()	()
Do you abuse alcohol or other substances?	()	()
Have you ever been denied professional liability insurance or has your insurance Ever been canceled or denied renewal?	()	()

PART B

Based upon your profession, briefly describe how you address and deal with the impact of stress in your practice/work. Your response must be limited to no more than one typed page.

3. EXPERTISE

Part A: EXPERIENCE

Please describe or outline your **experience** in working with first responders. Your response can include:

- A brief description of your work experiences,
- The number of years that you have worked with first responders,
- The types of first responders you have worked with,
- Any teaching or supervisory positions that you have held,
- Presentations/seminars/workshops that you have given,
- Publications, articles or books that you have authored.

Please limit your response to no more than one (1) typed page.

Part B: EDUCATION

Please describe your **education** related to the field of Critical Incident Stress Management that is not reflected on your resume/vita. Your response can include:

- A brief description of your formal college/university education/training,
- Graduate level training,

- POST and/or Academy training,
- Military training,
- Firefighter and EMT training
- Presentations/seminars/workshops that you have attended,
- Publications/books/articles that you have read.

Please limit your response to no more than one (1) typed page.

4. APPLICANT COMMENTS & SUGGESTIONS

The Rocky Mountain Region Disaster Mental Health Institute welcomes your comments and suggestions. The Institute is built based on the strength of its membership. Therefore, it is important that we hear from you. Your comments and suggestions will not color your ability to achieve Certification.

5. DECLARATION

As part of the requirements for achieving Certification, it is necessary that all applicants sign the following statement:

I hereby certify that all information provided in this application packet is accurate and complete. Furthermore, I certify that I personally completed the Certification Examination and that I received no direct assistance from others except as specified in the exam instructions. I understand that Certification aims to identify expertise among professionals, across disciplines, and to provide a standard for those who regularly work with first responders who deal with critical incidents, mass casualty incidents, and disasters. I agree to abide by the Code of Ethical & Professional Standards of my profession and to hold harmless the Rocky Mountain Region Disaster Mental Health Institute, Inc., its officers, consultants, and employees for any misrepresentation of my credentials and for any malpractice on my part either willful or through negligent conduct, recklessness, and gross misconduct and for all claims, loss damage, judgment or expense. I understand that the Rocky Mountain Region Disaster Mental Health Institute does not practice medicine or psychology or provide direct or indirect patient/client care. Furthermore, I understand that Certification does not attest to my ability to work with first responders.

Signature

Date

6. REFERENCES

Please provide the Institute with the names of three (3) professionals who are familiar with your work. Please request one of these (Team Coordinator) to provide and separately mail a letter of recommendation to the Institute.

Last Name	First Name	M.I.	Title (Dr., Mr., Mrs., Ms., etc)
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Street Address	City	State	Zip Code
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Office Telephone(s)	Profession
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Last Name	First Name	M.I.	Title (Dr., Mr., Mrs., Ms., etc)
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