
III. Critical Incident Stress Management Education/Training

Please list and describe your CISM educational/training experiences. Required ICISF-approved courses include Individual/Peer Support and Group CISM for the *Basic Certification*, along with the AACC’s 15-hour Crisis Response Video Series. For the *Advanced Certification*, you must also have completed the Emotional and Spiritual Care course plus at least one elective course: Grief Following Trauma, Pastoral Crisis Intervention, or School Crisis Intervention – or other ICISF approved electives such as Advanced Group, PCI II, Suicide, etc. **Please attach copies of all supporting documentation** (continuing education certificates, certificates of completion, grade report for AACC video series, etc.).

| <i>ICISF-Approved Training Program</i> | <i>Location of Training</i> | <i>Year Completed</i> |
|--|-----------------------------|-----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
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IV. Professional Licensure and/or Certification

Please list your professional mental health license and/or certification status. Identify the licensing or regulatory board that issued the professional license and/or certification. Please attach a copy of each license and/or certification.

N/A (I do not have a professional mental health counseling license or certification.)

| <i>License Type</i> | <i>State of Issue</i> | <i>Date Issued</i> | <i>Exp. Date</i> |
|---------------------|-----------------------|--------------------|------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

V. Ordination and/or Religious License

Please list your ordination and/or religious licensure status. Identify the issuing entity. Please attach a copy of each ordination certificate and/or religious license.

N/A (I am not ordained and/or do not have a religious license.)

| <i>Ordination/Religious License</i> | <i>Issuing Entity</i> | <i>State of Issue</i> | <i>Date Issued</i> |
|-------------------------------------|-----------------------|-----------------------|--------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

VI. Professional Memberships

Please list the professional and/or ministerial associations of which you are a current member in good standing (attach additional pages if necessary). Please attach a copy of each membership certificate.

N/A (I am not a member of any other professional and/or ministerial association.)

| <i>Name of Association/Organization</i> | <i>Status/Classification</i> | <i>Date Joined</i> |
|---|------------------------------|--------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

VII. Professional Liability Information

Please provide information regarding your professional and/or ministerial liability/malpractice insurance. Please attach a copy of your current policy face sheet.

N/A (I do not work/minister in a setting that requires me to have liability/malpractice insurance.)

Carrier _____ Policy # _____

Address _____ Phone # _____

Effective Date _____ Expiration Date _____

Coverage Per Incident/Occurrence _____ Per Aggregate _____

Name of Policyholder _____

VIII. Crisis Intervention Practice/Ministry Information

Please take time to answer each question thoroughly and to the best of your ability. This will help clarify the nature of your crisis response services.

A. How do you integrate spiritual content and biblical principles into the crisis response process? Please be thorough in your description.

B. Do you provide crisis response services in languages other than English (including sign language)?

Yes No If Yes, please list _____

C. Populations Served (*please check all that apply*):

Children Adolescents College Age Adults Geriatric

IX. Spiritual Orientation and Practice

Please define/describe your beliefs and feelings on the following questions. Attach more pages if necessary.

A. Denominational Affiliation: _____

B. Church membership or place of attendance: _____

C. Who is Jesus Christ? _____

D. How does a person become a Christian? _____

E. Describe your beliefs about the Bible. _____

F. Describe your beliefs about the Holy Spirit. _____

G. Briefly describe your personal testimony, spiritual journey, and current walk with Christ. _____

H. What role do you believe the local church has in the crisis response process? _____

I. What ethical issues, if any, do you believe are of particular importance or significance in the use of spiritual practices in crisis response intervention?

I affirm and attest by my signature below that I have answered all the questions in this Application truthfully and with full disclosure and have attached all requested supporting documentation. By signing below, I also give my permission for the AACC and its divisions to use information in this Application when mobilizing crisis response resources.

I authorize the AACC to verify this information and understand that in the process of verification, these facts might become known to third parties. I expressly waive any claim to confidentiality of the material enclosed in this Application except where otherwise noted.

While effort has been made to keep the application and review process objective, I understand that there is a subjective element to evaluating my Application. I acknowledge that if my Application is not accepted, I can appeal the decision. I further agree that because I am voluntarily submitting this Application, if not approved I will in no way hold the AACC or any of their officers, board members, or employees liable for any such action.

Applicant's Signature

Date

CCCR APPLICATION – Part 2

Certified Christian Crisis Responder

Documentation of Crisis Response Experience

(Attach additional copies of this Application if needed to document required hours of experience.)

Thank you for your interest in pursuing the Christian Crisis Responder certification (CCCR). Please complete and **PRINT** all information that is requested in a legible manner (or mark N/A if not applicable). Illegible and/or incomplete applications will be returned to the applicant. The AACC will not disclose the confidential information given in this application without your express, written consent. Applicants understand that certain contact information (*only business/ministry related and not personal*), along with other pertinent demographic information, may be listed in resource directories in order to assist those seeking help in making appropriate and/or desired choices for care during responses to crisis, natural disaster, and/or acts of terrorism.

Name of Applicant: _____

| Description and Location of Critical Incident (e.g. regional flood in central Missouri, attempted bank robbery in Cincinnati, etc.) | Date(s) of On-site Experience (Month, Year) | Type of Experience and/or “Specific” CISM Services Provided (e.g. individual, group debriefing, pastoral crisis intervention, etc.) | Total Hours of CISM Service Provision (per incident) |
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| 12. | | | |
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TOTAL HOURS of CISM-related Experience: _____

*CISM-related experience must total a minimum of **25** hours of which at least **10** hours consist of **formal experience** (actual debriefing, defusing, intervention, etc.) for the CCCR certification

* CISM-related experience must total a minimum of **50** hours of which at least **25** hours consist of **formal experience** (actual debriefing, defusing, intervention, etc.) for the CCCR – Advanced certification

I affirm and attest by my signature below that I have provided all the necessary and required information in this Application truthfully and with full disclosure and have attached all requested supporting documentation. By signing below, I also give my permission for the AACC and its divisions to use information in this Application when mobilizing crisis response resources.

I authorize the AACC to verify this information and understand that in the process of verification, these facts might become known to third parties. I expressly waive any claim to confidentiality of the material enclosed in this Application except where otherwise noted.

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Applicant's Signature

Date