

MCRA CISM Team Registration Form

This form is a PDF fillable form. Please fill it out, save it, and email it as an attachment to teamreg@mcrainc.net.

TEAM CONTACT INFORMATION for 2024/2025 Registration List

DATE: _____

COMPLETE TEAM NAME AND TEAM MAILING ADDRESS:

Team Name: _____

Attention: _____

Address: _____

City, State, Zip: _____

County: _____

Other Counties Served: _____

Team Email Address: _____

Team Website: _____

CHECK TEAM REGION:

Region 1	Clinton, Eaton, Gratiot, Hillsdale, Ingham, Jackson, Lenawee, Livingston, Shiawassee
Region 2N	Macomb, Oakland, St. Clair
Region 2S	Monroe, Washtenaw, Wayne
Region 3	Alcona, Arenac, Bay, Genesee, Gladwin, Huron, Iosco, Lapeer, Midland, Ogemaw, Oscoda, Saginaw, Sanilac, Tuscola
Region 5	Allegan, Berry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, Van Buren
Region 6	Clare, Ionia, Isabella, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa
Region 7	Alpena, Antrim, Benzie, Charlevoix, Cheboygan, Crawford, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Montgomery, Otsego, Presque Isle, Roscommon, Wexford
Region 8	Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft

TEAM CONTACT NUMBER(S):

Call-out Number(s): _____

General Contact Number(s): _____

NAMES OF KEY TEAM CONTACTS

Team Coordinator Name	Phone	Email

Team Clinical Director	Degree/License	Phone	Email

Other Team Contacts	Phone	Email

SPONSORING AGENCY: _____

PRIMARY POPULATION SERVED BY TEAM (Check all that apply)

First Responders Hospital Internal Community
 Other (please specify) _____

Approximately how many active team members do you have? _____

TEAM COMPOSITION (Check all that apply)

Mental Health Fire Service Law Enforcement
 911-Dispatch Hospital Chaplains
 EMS Military Clergy
 Schools Other (Please specify) _____

Terms & Conditions

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.
- 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.
- 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 signing and submitting this form you also agree to the terms and conditions (above) and to have your team name, city and state listed on the MCRA website list.

Signature

Date

To submit this form, edit and save as a file and email to teamreg@mcrainc.net