



**Southeastern Minnesota Emergency Medical Services**

1130 ½ Seventh Street NW | Suite 201 | Rochester, MN 55901  
Office: 507-536-9333 | Fax: 507-536-9337 | [www.seems.com](http://www.seems.com)

## **Critical Incident Stress Management (CISM) FACILITATOR APPLICATION**

### **Peer Team Member**

#### **Requirements:**

- Maintenance of current Certification or Licensure in emergency field (i.e. EMT, Peace Officer, Firefighter, RN)
- Affiliation with emergency service organization within SE Minnesota Region
- Good communication skills and well respected by one's peers

### **Core Team Member**

#### **Requirements:**

- Master's Degree in the Social Sciences (i.e. psychiatric nursing, psychology, counseling education, social work, or related fields) or Bachelor's Degree and counselor by profession
- Maintenance of professional licensure or certification

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I wish to be considered for: Peer Team Member  Core Team Member

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Email Address \_\_\_\_\_

### **Education**

High School 1  2  3  4  College 1  2  3  4  5+

Degree \_\_\_\_\_ Concentration \_\_\_\_\_

Current Licensure or Certification \_\_\_\_\_

Employer \_\_\_\_\_

Current Position \_\_\_\_\_



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Describe any training you have received in Stress Management, Crisis Intervention, Counseling and/or any other related field

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Are you a member of an emergency response service or Hospital?

YES  NO

Organization \_\_\_\_\_ County \_\_\_\_\_

Circle your availability: DAYS  EVENINGS  WEEKENDS

Describe your experience with emergency services \_\_\_\_\_

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Describe your personal strengths \_\_\_\_\_

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Why do you wish to be a CISM Facilitator? \_\_\_\_\_

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I acknowledge all the information listed on this application is accurate and my employer, personal references, and/or supervisor may be contacted.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please forward application to: [alex.catevenis@seems.com](mailto:alex.catevenis@seems.com) Or by fax to: 507-536-9337