# TENNESSEE PUBLIC SAFETY NETWORK

# Critical Incident Stress Debriefing Team Membership

### LICENSED MENTAL HEALTH PROFESSIONAL APPLICATION

#### PERSONAL INFORMATION

Name:		(N	Iale)(F	Female)
Address:	(City)		(Zip)	)
Contact #s: (Work)		(Cell)		
(Home)		(Fax)		
Email address:				
Employer:				
EDUCATION – List m	ost recent first			
Institution	Program/Major	Date	Degree	e/Certification
EMPLOYMENT INFO	ORMATION – List most	recent first		
Place	Job Description/Resp	onsibilities	Length	of Employment

MEMBERSHIP IN MENTA (List names and dates)	AL HEALTH ORGANIZATION	NS
PARTICIPATION IN COM (List names and dates)	MUNITY ACTIVITIES	
		nt and any additional information you on process.
How much flexibility do you	have to go on a debriefing on a 24	4-48 hour notice?
List any stress management to	echniques you have utilized effec	tively.
List three (3) personal referent role on this team.	ces who can attest to your work in	n mental health and/or can support your
Name	Name	Name
Address	Address	Address
Phone Number(s)	Phone Number(s)	Phone Number(s)

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Please print the requested information below and attach your <u>current CV</u> and a copy of your <u>current license</u>. Please print or type legibly.

Last nam	meFirst Name	
Title (cir	ircle) Ms. Mr. Dr. Degree	
Office A	Address	
	City Zip code	
Telephor	oneEmail	
1	Are you licensed in the State of Tennessee? Yes $\square$ No $\square$	
2. 1	If yes, licensed/certified as License #	
3.	When does your current license expire?	
	Do you or your agency maintain Professional Liability insurance with a minimum coverage of \$1 million? Yes $\square$ No $\square$	/\$3
5.	What is the date of expiration of your current Professional Liability policy?	
	Is it generally possible for you to schedule an appointment with a program participant within 24 ho Yes $\Box$ No $\Box$	ours?
7. ]	Do you have a sliding fee scale? Yes□ No□	
8. l	Do you presently have time available to accept law enforcement referrals? Yes $\square$ No $\square$	
	Do you have professional experience working with or providing services to law enforcement personal Yes $\Box$ No $\Box$	onnel?
ä	Are you currently or have you in the past, contracted with or provided services to any law enforces agency or organization, and if so, in what capacity?  Yes  No	ment
	Are you qualified to perform Fitness for Duty evaluations on police officers? Yes $\Box$ $$ No $\Box$	
	Are you interested in joining a special team of clinicians who will be available for emergencies at time of the day or night? Yes $\Box$ No	ANY
13. 1	Identify up to three (3) areas of specializations for your listing:	
]	1	

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	e following questi					
1.	Have you ever	been convicted of a felony?		Yes □	No 🗆	
2.		ractice claims ever been mad ed or claims that have resulte			currently pending, claim No 🗆	ns that
3.		10 years, has any profession ical, or are you currently und				ns by
4.	Have you ever	testified in a court of law aga	ninst a law enfo	rcement officer	? Yes □ No □	
5.	imposed or hav	ssional license in this state or e you been subject to any oth ofessional organization?	ner disciplinary			ation
agency progra	y. Please indicate ms.	mary insurance companies in whether or not you are curr	ently an <u>in-netv</u>	work participati	ng provider for any of the	ne
agency progra	y. Please indicate		Are you			ne
agency progra	y. Please indicate ms.	whether or not you are curr	ently an <u>in-netv</u>	work participati	ng provider for any of the	ne
agency progra	y. Please indicate ms.	whether or not you are curr	Are you	work participati	ng provider for any of the	ne
agency progra	y. Please indicate ms.	whether or not you are curr	Are you Yes	work participati  IN-Network?	ng provider for any of the	ne
agency progra	y. Please indicate ms.	whether or not you are curr	Are you Yes  Yes	IN-Network?  No   No   No	ng provider for any of the	ne
agency progra	y. Please indicate ms.	whether or not you are curr	Are you Yes  Yes  Yes  Yes  Yes	IN-Network?  No   No   No   No   No   No   No   No	ng provider for any of the	ne
agency progra	y. Please indicate ms.	whether or not you are curr	Are you Yes   Yes   Yes   Yes   Yes   Yes	IN-Network?  No   No   No   No   No   No   No   No	ng provider for any of the	ne
agency progra	y. Please indicate ms.	whether or not you are curr	Are you Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes	IN-Network?  No   No   No   No   No   No   No   No	ng provider for any of the	ne
agency progra	y. Please indicate ms.	whether or not you are curr	Are you I Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes	IN-Network?  No   No   No   No   No   No   No   No	ng provider for any of the	ne