

## State of Michigan Traumatic Incident Stress Management Team Employee Service Program

Name:		Departn	nent:	
		Position	Title:	
		Credent	ials:	
		License	/Certification N	umbers:
Contact Numbers:	1			
Work		Home		
Fax:				
Immediate Supervisor:				
Work Location and Address	 S:			
Work House on Chife.		lluian A	ffiliation (if any)	
Work Hours or Shift:		Union A	ffiliation (if any)	:
Education: (List most recent				
Institution	Program / Major		Date of Completion	Degree or Certificate
			Completion	Earned

If more space is needed attach additional sheets. If eligibility requirements or recommendation forms were not included in the application packet, contact your Department Coordinator. Other Questions? Contact your Department Coordinator or the State TISM Coordinator: 800-521-1377

Page 1 of 4 7/8/2016

Employment History (L	ist most recent first	<b>)</b> :
Place	Timeframe	Job Duties/Responsibilities
Membership/Participation names and dates)	ion in Professiona	I Organizations/Community Activities: (List
How did you learn abou	ut the TISM Team?	
Why do you want to be	come a TISM team	n member?

If more space is needed attach additional sheets. If eligibility requirements or recommendation forms were not included in the application packet, contact your Department Coordinator. Other Questions? Contact your Department Coordinator or the State TISM Coordinator: 800-521-1377

Page 2 of 4 7/8/2016

What assets do you feel you could bring to the process if you were a TISM Team member?
List stress management techniques you have personally utilized effectively:
List any specific types of traumatic incidents that you may have difficulty dealing with (e.g. death of a child).
How much flexibility would you have to provide TISM services on a 24 hour notice?
Have you received ICISE Group (formerly Pecia) Training? (If no there is an expectation for
Have you received ICISF Group (formerly Basic)Training? (If no, there is an expectation for future course completion.)

If more space is needed attach additional sheets. If eligibility requirements or recommendation forms were not included in the application packet, contact your Department Coordinator. Other Questions? Contact your Department Coordinator or the State TISM Coordinator: 800-521-1377

Page 3 of 4 7/8/2016

☐Yes ☐No Date:	Location	n:
If yes, please provide a	copy of your ICISF certificate.	
Please list any addition	al ICISF courses you have comple	eted.
Provide three reference	ces familiar with your work. One	e must be from a supervisor. N
The named references application package. Torocessing.	ces familiar with your work. One must complete a Recommendatio hey are to be returned directly to y	n Form which is part of your vour Department Coordinator for
The named references application package. T processing.	must complete a Recommendatio	n Form which is part of your
The named references application package. Torocessing.	must complete a Recommendatio hey are to be returned directly to y	n Form which is part of your vour Department Coordinator for
The named references application package. Torocessing.	must complete a Recommendatio hey are to be returned directly to y	n Form which is part of your vour Department Coordinator for
The named references application package. Torocessing.	must complete a Recommendatio hey are to be returned directly to y	n Form which is part of your vour Department Coordinator for
The named references application package. Torocessing.	must complete a Recommendatio hey are to be returned directly to y	n Form which is part of your vour Department Coordinator for
The named references	must complete a Recommendatio hey are to be returned directly to y	n Form which is part of your vour Department Coordinator for

**Return application to your Department Coordinator.** 

If more space is needed attach additional sheets. If eligibility requirements or recommendation forms were not included in the application packet, contact your Department Coordinator. Other Questions? Contact your Department Coordinator or the State TISM Coordinator: 800-521-1377

Page 4 of 4 7/8/2016