



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

Name:	Department: Position Title: Credentials: License/Certification Numbers:		
Contact Numbers:			
Work _____	Home _____		
Fax: _____	Wireless _____		
Immediate Supervisor: _____ Work Phone _____			
Work Location and Address:			
Work Hours or Shift:	Union Affiliation (if any):		
Education: (List most recent first)			
Institution	Program / Major	Date of Completion	Degree or Certificate 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

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 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

Yes No Date: _____ Location: _____

If yes, please provide a copy of your ICISF certificate.

Please list any additional ICISF courses you have completed.

Provide three references familiar with your work. One must be from a supervisor. Note: The named references must complete a Recommendation Form which is part of your application package. They are to be returned directly to your Department Coordinator for processing.

Name	Phone	Relationship/Title

Candidate Signature: _____ **Date:** _____

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