

ICISF Team Registry

Online Registration

Team Coordinators!

Here's how to sign up your CISM/Peer Support Team to be listed in the ICISF Team Registry

Last Updated April 6, 2022



Important Notes

- The link to the Team Registry is for CISM/Peer Support Teams that don't already have ICISF Membership (Individual or Team)
- **Team Coordinators should be filling out the Team Registry Form**
- If you have an individual or team membership, please review instructions on our website for how to login to your account and update your team information form (<https://icisf.org/cism-team-listings/>).

Visit our website: ICISF.ORG

Click on “Team Login” button

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Click here for COVID-19 Resources from ICISF



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MANAGING SCHOOL CRISES

Schools Are Under Attack: Learn How To Help Your Staff



Learn More

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Click on “**Create A CISM Team Registry Account**” button to get started.



To Add or Update Team Information/Registry:

- **If your team is not listed and you aren't a part of ICISF Membership (Individual or Team)**, click the button below to create an account & complete the digital CISM Team Registry form.

Create A CISM Team Registry Account

View/Download Instructions

- **Do you have an ICISF Membership (Individual/Team) or have your team listed in the listing below?** Click below to login to your account and update your digital CISM Team Registry form.

Login & Update Your Team Information

View/Download Instructions

If a situation calls for guidance in working through stress and you are in need of the name of a trained CISM team in your area, please send an email request to cismteams@icisf.org or call (443)325-5219.

Please Note: Requests will be answered within 24 hours.

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Enter Your Information & Create Your Username and Password

CISM Team Registry

Create an account and fill out the form to be added into the ICISF's CISM Team Registry. This is a worldwide registry of CISM & Peer Support Teams. Once you've completed the form, you'll be added to our [CISM Team Listing](#) page.

Team Coordinator Information

First Name

Last Name

Account Email

Create Username

Contact Information

Country

Address

City

Create Your CISM Team Registry Account

Team Coordinator Information

First Name

Last Name

Account Email

Create Username

Create Password

(Re-enter Password)

Company Name

Job Title

As CISM Team Coordinator, please enter the following information:

1. First and Last Name
2. Email address (best email to contact you)
3. Create a Username (this is what you'll use to login to your account)
4. Create a Password
5. Company/Agency Name
6. Your Job Title

Create Your CISM Team Registry Account

Contact Information

Country

Address

City

State or Province

Zip/Postal Code

Phone

Mobile Phone

Please Provide:

1. Country the CISM Team is located
2. Physical Mailing Address
3. City
4. State or Province
5. Zip/Postal Code
6. Your Work Phone Number
(we'll use this to contact you)
7. Mobile Phone Number
(we'll use this to contact you)

Create Your CISM Team Registry Account

- **Review the CISM Team Registry Terms & Conditions** (*refer to the next 2 pages*) and then select the **check box**.
- Click on “**Click Here to Submit Form**” after reviewing the terms and conditions.



I have read and agree to all the [Terms and Conditions](#)

Click here to submit form

*Processing may take a few seconds, afterwards you will be able to login instantly.
You will receive a confirmation email.*

CISM Team Registry Terms & Conditions

Make sure to review the CISM Terms and Conditions before you finish creating your account!

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 attest that this team follows the ICISF CISM Model for Interventions and Team Management Structure when responding to a critical incident. See handout information ([Resources](#))
- 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.

CISM Team Registry Terms & Conditions

- 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 clicking submit, you also agree to have your team name, city and state listed on the ICISF website list and map.

Fill Out Team Information Form

Reporting period from : 02/24/2022 to 02/24/2023

Team Contact Info			
Team Name *	Attention(First Name) *	Attention(Last Name) *	
<input type="text"/>	<input type="text" value="ICISF Team"/>	<input type="text" value="Coordinator"/>	
Address line 1 *			
<input type="text" value="3290 Pine Orchard Lane, Suite 106"/>			
Address line 2			
<input type="text"/>			
City *	State *	Zip + four *	Country *
<input type="text" value="Ellicott City"/>	<input type="text" value="MD"/>	<input type="text" value="20142"/>	<input style="border: none; border-bottom: 1px solid #ccc;" type="text" value="United States"/>
County served *	Other		
<input type="text"/>	<input type="text"/>		

Please Fill Out:

1. Team Name*
(The following *should be auto-filled from account creation*)
2. Team Coordinator's First and Last Name*
3. Team's Address*
4. City, State, Zip Code, & Country*
5. Fill in the Primary County Served*
6. Any additional counties or areas served

*** = Required Fields**

Fill Out Team Information Form

Team Coordinator *		Team Mission *	
Name *	Number *	What group(s) does your team primarily serve?	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> All Emergency Services <input type="checkbox"/> Fire Service <input type="checkbox"/> Airline <input type="checkbox"/> EMS <input type="checkbox"/> Schools <input type="checkbox"/> Fire/Rescue/EMS <input type="checkbox"/> Private Industry <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Military <input type="checkbox"/> Hospital Staff <input type="checkbox"/> Community <input type="checkbox"/> Other	
Email Address		<input type="text"/>	
<input type="text" value="test1@jicisf.org"/>			
Clinical Director *			
Name *	Number *		
<input type="text"/>	<input type="text"/>		
Email Address		<input type="text"/>	
<input type="text" value="example@abc.com"/>			
Team Contact Numbers : If different than above			
1.	<input type="text" value="Person or Agency"/>	<input type="text" value="4107509600"/>	
2.	<input type="text" value="Person or Agency"/>	<input type="text" value="Telephone number"/>	
Sponsoring Agency			
<input type="text" value="Sponsoring Agency"/>			
Language(s)		Mental Health	Peer
<input type="text"/>		<input type="text"/>	<input type="text"/>
Language(s)		Mental Health	Peer
<input type="text"/>		<input type="text"/>	<input type="text"/>

Please Fill Out:

1. Team Coordinator contact information*
2. Team Clinical Director's name and contact information* - **Required for all CISM Teams (review Terms and Conditions)**
3. Team Contact Numbers
4. Sponsoring Agency/Organization
5. Team Mission - *What groups do your team primarily serve?**
6. All languages your team members speak

*** = Required Fields**

Fill Out Team Information Form

Notifications

The ICISF receives requests for interventions from individuals or others that are not Emergency Services Based.

Please notify for Incidents requiring prompt response: *

- Non-emergency requests
- All requests

We will assist non-emergency requests

Directly: Yes No

or Indirectly: Yes No

Sharing

The current policy at ICISF has been to NOT release CISM team data for general non-emergency purposes unless prior approval has been obtained from the team.

Do you want ICISF to release your CISM Team contact information to any individual or agency that requests this information from ICISF?

- Yes
- No
- Other CISM teams only

If "To other CISM teams only" is checked, any incoming request will be forwarded to you for consideration. ICISF would appreciate if you would advise us of your action or non-action.

I have read and agree to all the [Terms and Conditions](#)

Submit

Disclaimer - By completing this form you are attesting to team members being trained in ICISF CISM Core courses and follow the ICISF CISM protocol.

Please Fill Out:

1. Notifications for incidents requiring prompt responses*
2. Let the ICISF know if you will assist directly or indirectly for non-emergency requests
3. Let us know if you'd like your **team contact information released to any individual or agency** requesting this information or just release it to other CISM Teams
4. Check that you have read the **"Terms and Conditions"**
5. Click on "Submit" to save the information in this form

*** = Required Fields**

Team Coordinator Account & Dashboard

You will then be redirected to your Team Coordinator Dashboard, where you will have access to:

1. View or Edit the Team Information Form
2. Download your Team Registry Certificate
3. Review the Team Terms and Conditions
4. View Standard Operating Procedure Guidelines & Samples from other CISM/Peer Support Teams



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You are logged in as: **User ID Appears Here**

[My Account](#) [My Profile](#) [Change Password](#) [Manage Subscriptions](#) [My Payment Methods](#) [My Transactions](#) [Logout](#)

CISM Team Registry (Active)

[View/Edit CISM Team Registration Form](#)

[Team Registry Certificate](#)

[Team Terms & Conditions](#)

[SOP Guidelines & Samples](#)

You're All Done!

Some things to keep in mind:

- We require each Team Coordinator to update their Team Information Form **Annually**.
- You can login and access your account at any point and time. If you forget your Username or Password, **just request a reset** on our website.

Additional Questions?

Contact Michele Parks at cismteams@icisf.org or (443) 325-5219.

Thank you for signing up for the
ICISF CISM Team Registry!