

ICISF Team Membership Online Registration

Joining the ICISF Team Membership for your CISM/Peer
Support Team

Last Updated April 6, 2022

Visit our website: ICISF.ORG

The image shows a screenshot of the ICISF website. At the top, there are navigation links: "Stay Informed", "About Us", and "Member Login". The main header features the ICISF logo and the text "International Critical Incident Stress Foundation, Inc. HELPING SAVE THE PEOPLE". Below this, a large text overlay reads "Click on 'ICISF Team Membership'", with "ICISF Team Membership" underlined. The main content area is titled "ICISF Team Membership" and contains a paragraph: "The International Critical Incident Stress Foundation, Inc. (ICISF) is a not for profit, 501 c(3), open membership organization dedicated to the prevention and mitigation of disabling stress. Please see below for information and an application for joining ICISF which is a valuable resource for keeping up with the latest advances in crisis intervention and CISM." Below the text is a large graphic with the heading "Team Membership" and the text: "Every New/Renewing CISM Team will receive one (1) package of CISM Quick Reference Cards when they sign up/renew their Team Membership". To the right, a dark blue navigation menu is open, listing various options. A red arrow points from the "ICISF Team Membership" text in the main content area to the "ICISF Team Membership" option in the navigation menu, which is highlighted with a red border.

Stay Informed ? About Us Member Login

icisf International Critical Incident Stress Foundation, Inc.
HELPING SAVE THE PEOPLE

Click on "ICISF Team Membership"

ICISF Team Membership

The International Critical Incident Stress Foundation, Inc. (ICISF) is a not for profit, 501 c(3), open membership organization dedicated to the prevention and mitigation of disabling stress. Please see below for information and an application for joining ICISF which is a valuable resource for keeping up with the latest advances in crisis intervention and CISM.

Team Membership

Every New/Renewing CISM Team will receive one (1) package of CISM Quick Reference Cards when they sign up/renew their Team Membership

- Home
- About Us
- Education & Training
- Approved Instructor Program
- Scholarship Opportunities
- CISM Teams & Support
- Become A Member & Member Resources
 - Individual ICISF Membership
 - ICISF Team Membership**
- Member Login
- Read The LifeNet
- Member-Only Store
- Member Library
- Support ICISF

Click on “New Team Membership”



International Critical Incident Stress Foundation, Inc.
HELPING SAVE THE HEROES



New/Renewing Teams can now become members **ONLINE!**

Learn more and sign up for your team membership below.

New Team Membership

ICISF Team Membership can NOW be filled out and paid for ONLINE!

Please click on the "New Team Membership - Online Form" and fill out the forms to sign up for Team Membership:

- Team Membership/Roster Application (**Now Available Online**)
- Team Update Form (**REQUIRED**) - *Please email Team Update Form to hotline@icisf.org.*

Click on
**New Team Membership -
Online Form**

New Team Membership - Online Form



Fill out Team Application Form



International Critical Incident Stress Foundation, Inc.
HELPING SAVE THE HEROES



Team Membership:

Team Membership-\$260.00
2 Year Team Membership up to 20 members (\$10 per member over 20)

PLEASE ENTER THE NUMBER OF ADDITIONAL MEMBERS NEEDED:

Your total today will be calculated automatically.

Payment Information:

Your Total Today: **\$260**

Payment Method

Credit Card Paypal Express Checkout

Cardholder Name

Credit Card Type

Credit Card Number

Card Expiration

Month Year

CVC Code:

Referred By

Current member

Or select from dropdown

Team Information:

Team Coordinator First Name

Team Coordinator Last Name

Email Address

Job Title

Team Name

Account Information:

Create Username

Create Password

(Re-enter Password)

Contact Information:

Country

Address

City

State or Province

Zip/Postal Code

Phone

Mobile Phone

This membership is optional and voluntary. By completing this application your team is applying for team membership in ICISF and do hereby attest that the facts contained herein are accurate and that I adhere to the professional standards/ethics of my profession. I further understand that membership in ICISF is in no way an endorsement of competency, nor an endorsement to practice.

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.

Fill out Team Application Form



International Critical Incident Stress Foundation, Inc.
Helping save the heroes

Team Membership:

Team Membership-\$260.00
2 Year Team Membership up to 20 members (\$10 per member over 20)

PLEASE ENTER THE NUMBER OF ADDITIONAL MEMBERS NEEDED:

Your total today will be calculated automatically.

Payment Information:

Your Total Today: **\$260**

Section 1:

- All Team Memberships are \$260 for up to 20 members
 - Any additional members over 20 cost \$10 per person
- Enter the # of members over 20 (if applicable) in the box provided
 - **PLEASE NOTE:** Team Coordinator counts as “1” active team member
- Your total payment will be reflected under the “Payment Information” section

Fill Out Team Application Form

Payment Information:

Your Total Today: **\$260**

Payment Method

Credit Card Paypal Express Checkout

Cardholder Name

Credit Card Type

Credit Card Number

Card Expiration

Month: Year:

CVC Code:

Referred By

Current member

Or select from dropdown

Section 2:

- Enter your payment information for the Team Membership
 - We accept Visa, Mastercard, Discover, & American Express
 - You can also pay using Paypal Express
- Let us know how you found out about ICISF Memberships in the dropdown box provided

Fill Out Team Application Form

Section 3:

- Fill out the Team Coordinator:
 - First/Last Name
 - Email Address
 - Job Title
 - Team Name
- Enter Team Membership Account Information - Team Coordinator listed will be in charge of team membership information
 - Create Username/Password
 - Re-Enter Password

Team Information:

Team Coordinator First Name

Team Coordinator Last Name

Email Address

Job Title

Team Name

Account Information:

Create Username

Create Password

(Re-enter Password)

Fill Out Team Application Form

Section 4:

- Fill out Team Coordinator's Contact Information
 - Mailing Address
 - Phone Number
 - Mobile Phone Number
- Review the **Terms & Conditions**, check "I have read & agree to all Terms & Conditions"
- Select "**[Click Here To Submit Form](#)**"

Contact Information:

Country

Please Select

Address

City

State or Province

Select State

Zip/Postal Code

Phone

Mobile Phone

This membership is optional and voluntary. By completing this application your team is applying for team membership in ICISF and do hereby attest that the facts contained herein are accurate and that I adhere to the professional standards/ethics of my profession. I further understand that membership in ICISF is in no way an endorsement of competency, nor an endorsement to practice.

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.*

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		Language(s)							
<input type="text" value="test1@jicisf.org"/>		Are any members of your team fluent in other languages? (Occasionally ICISF gets a request to assist someone to assist where another language might be helpful.) Please add them below:							
Clinical Director *		<table border="1"> <thead> <tr> <th>Language(s)</th> <th>Mental Health</th> <th>Peer</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>		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"/>							
Name *	Number *								
<input type="text"/>	<input type="text"/>								
Email Address									
<input type="text" value="example@abc.com"/>									
Team Contact Numbers : <small>If different than above</small>									
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"/>									
<table border="1"> <thead> <tr> <th>Language(s)</th> <th>Mental Health</th> <th>Peer</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>				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"/>							
<table border="1"> <thead> <tr> <th>Language(s)</th> <th>Mental Health</th> <th>Peer</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>				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**

CISM Team Registry Terms & Conditions

Make sure to review the CISM Terms and Conditions before adding your Team Information!

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 attests 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.

Add Team Members to Roster



International Critical Incident Stress Foundation, Inc.
HELPING SAVE THE HEROES



You are logged in as: test@test.com

Member Number: 12345

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

Total Users Limit: 25 / Users Added: 1 / **Users Remaining: 24**

Team Membership Expiration Date: 06/05/2021

Shows Total # of Team Members you can add to your membership - Team Coordinator is listed as one (1) active team member below

Team Membership Expiration Date

[Add New Member](#)

[Buy Additional Users](#)

Login	First Name	Last Name	Email	Member #	Action
membertest@atlas.cc	werwrwet	wetwet	membertest@atlas.cc	46030	
tech222@subscriptiondna.com	New	Tech	tech@atlas.cc	46028	

Once you have purchased how many active members you would like to receive ICISF membership:

- Enter each new team member by selecting **Add New Member**
- After you add all of your members and you would like to add more, you can purchase and add additional members by selecting **Buy Additional Users**
 - Note: This will show up as a separate invoice/payment under **My Transactions**

Add Team Members to Roster

Add Member

Account Info

Username* Password*

Personal Information

First Name* Last Name*

Email*

Subscription Information

Service: ICISF Membership
Description: Complimentary Subscription

Add New Member Information:

- Create Username/Password
- Enter:
 - First/Last Name - will be printed on their membership cards
 - Email Address - double check to make sure it's correct
- Click **SAVE** to add Team Member to roster

Add Team Members to Roster



International Critical Incident Stress Foundation, Inc.

HELPING SAVE THE HEROES



You are logged in as: test@test.com

Member Number: 12345

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

Total Users Limit: 25 / Users Added: 1 / **Users Remaining: 24**

Team Membership Expiration Date: 06/05/2021

[Add New Member](#)

[Buy Additional Users](#)

Login	First Name	Last Name	Email	Member #	Action
membertest@atlas.cc	werwrwet	wetwet	membertest@atlas.cc	46030	
tech222@subscriptiondna.com	New	Tech	tech@atlas.cc	46028	

Friendly Reminder - Double check your Team Members:

- First/Last Name - these will be printed on their membership cards
- Email Addresses for corrections - if it is listed incorrectly, the team coordinator will have to email the team members their login information

Purchasing Additional Team Members



International Critical Incident Stress Foundation, Inc.
HELPING SAVE THE HEROES



You are logged in as: test@test.com

Member Number: 12345

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

Total Users Limit: 25 / Users Added: 1 / **Users Remaining: 24**

Team Membership Expiration Date: 06/05/2021

[Add New Member](#)

[Buy Additional Users](#)

Login	First Name	Last Name	Email	Member #	Action
membertest@atlas.cc	wet	wetwet	membertest@atlas.cc	46030	
tech222@subscriptiondna.com	New	Tech	tech@atlas.cc	46028	

To purchase additional team members, click on the **“Buy Additional Users”** button above

Purchasing Additional Team Members



You are logged in as: tech222@subscriptiondna.com | Member Number: 46028

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

Buy Additional Users

Please enter number of additional members needed:

The total today will be calculated below.

Your Total Today: **\$0**

Payment Information

Use Existing Credit Card

Select Card:

*****0077 | 08/19 | Visa

Checkout

Back

- Enter the total # of additional Team Members you would like to add
- Either use existing credit card or enter a new credit card to use for payment
- Click **Checkout**

View Invoices & Print



International Critical Incident Stress Foundation, Inc.
HELPING SAVE THE HEROES



You are logged in as: tech222@subscriptiondna.com | Member Number



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

Invoice	Payment Method	Amount	Txn Date	Status
21109		\$260.00	2019-05-07	Paid

- After entering your team members, you can click on “My Transactions” to print out your invoices/receipts
 - Click on the invoice # to view and print the paid invoice out.



You're All Done!

Some things to keep in mind:

- We require each Team Coordinator to update their Team Information Form **Annually**.
- Once you are done with your account creation, you and your team members will have **instant access to your account** and can login at any time to view the resources listed on the membership dashboard.
- Team Coordinators will have access to the “**Team Registry Certificate**”. You can print this directly from your account.

Membership Questions?

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

Thank you for signing up for ICISF Team
Membership!

