MCRA CISM Team Registration Form

This form is a PDF fillable form. Please fill it out, save it, and email it as an attachment to teamreg@mcrainc.net.

TEAM CONTACT INFORMATION for 2026/2027 Registration

Terms & Conditions

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.
- CISM Teams are required to have at least 1 person that is a MHP (Mental Health Professional) who will serve as the clinical director. Criteria for Mental Health Professionals and Chaplains serving on CISM Teams affiliated with MCRA include:
  1. Clinical directors and mental health professionals must have an advanced degree (master's or doctorate) in one of the following disciplines: Psychology, Social Work, Mental Health Counseling, Marriage and Family Therapy, Psychiatry (MD or DO specializing in Psychiatry), Psychiatric Nursing, or Pastoral Counseling (see #3 regarding Pastoral Counseling).
  2. Clinical directors must be currently licensed, or have previously been licensed, so long as the loss of licensure was not subsequent to disciplinary action by any governing body.
  3. Since Pastoral Counselors are not licensed by the State, evidence of the advanced degree and board certification through a recognized organization may be considered as equivalent to licensure to serve as clinical director.
  4. Qualifications of clinical directors are subject to review by the appropriate board committee of MCRA.
- 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.
- 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.

DATE: _____

COMPLETE TEAM NAME AND TEAM MAILING ADDRESS:

Team Name:_____

Attention: _____

Address: _____

City, State, Zip: _____

County:_____

Other Counties Served:_____

Team Email Address: _____

Team Website: _____

TEAM CONTACT NUMBER(S):

Call-out Number(s): _____

General Contact Number(s): _____

NAMES OF KEY TEAM CONTACTS:

Team Coordinator Name	Phone	Email
_____	_____	_____
_____	_____	_____
_____	_____	_____

Team Clinical Director	Degree/License	Phone	Email

Other Team Contacts:	Phone	Email

CHECK TEAM REGION:

☐ Region 1	Clinton, Eaton, Gratiot, Hillsdale, Ingham, Jackson, Lenawee, Livingston, Shiawassee
☐ Region 2N	Macomb, Oakland, St. Clair
☐ Region 2S	Monroe, Washtenaw, Wayne
☐ Region 3	Alcona, Arenac, Bay, Genesee, Gladwin, Huron, Iosco, Lapeer, Midland, Ogemaw, Oscoda, Saginaw, Sanilac, Tuscola
☐ Region 5	Allegan, Berry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, Van Buren
☐ Region 6	Clare, Ionia, Isabella, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa
☐ Region 7	Alpena, Antrim, Benzie, Charlevoix, Cheboygan, Crawford, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Montgomery, Otsego, Presque Isle, Roscommon, Wexford
☐ Region 8	Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft

PRIMARY POPULATION SERVED BY TEAM (Check all that apply)

☐ First Responders ☐ Hospital/Medical ☐ Internal ☐ Community

☐ Other (please specify) _____

Approximately how many active team members do you have? _____

TEAM COMPOSITION (Check all that apply)

☐ Mental Health ☐ Fire Service ☐ Law Enforcement

☐ 911-Dispatch ☐ Hospital ☐ Chaplains

☐ EMS ☐ Military ☐ Clergy

☐ Schools ☐ Other (Please specify) _____

By signing and submitting this form you also agree to the terms and conditions (above) and to have your team name, city and state listed on the MCRA website list.

Signature _____ Date _____

To submit this form, edit and save as a file and email to teamreg@mcrainc.net