



**NATIONAL CENTER FOR CRISIS MANAGEMENT**  
*in collaboration with the American Academy of Experts in Traumatic Stress*

**APPLICATION FOR CERTIFICATIONS UNDER THE  
CRISIS MANAGEMENT SPECIALTIES PROGRAM**

CERTIFICATION IN EMERGENCY CRISIS RESPONSE  
CERTIFICATION IN SCHOOL CRISIS RESPONSE  
CERTIFICATION IN UNIVERSITY CRISIS RESPONSE  
CERTIFICATION IN CORPORATE CRISIS RESPONSE

CERTIFICATIONS ARE OFFERED BY THE NATIONAL CENTER FOR CRISIS MANAGEMENT  
IN COLLABORATION WITH THE AMERICAN ACADEMY OF EXPERTS IN TRAUMATIC STRESS  
BASED ON AN APPLICANT'S KNOWLEDGE, EXPERIENCE, EDUCATION AND TRAINING



## APPLICATION FOR CERTIFICATIONS UNDER THE CRISIS MANAGEMENT SPECIALITIES PROGRAM

PLEASE PRINT OR TYPE ALL INFORMATION

FIRST NAME MIDDLE NAME LAST NAME

ADDRESS CITY

STATE/PROVIENCE COUNTRY ZIP CODE

HOME PHONE NUMBER WORK PHONE NUMBER

EMAIL ADDRESS FAX NUMBER

PLEASE INDICATE THE TRAUMA STRESS SPECIALTY FOR WHICH YOU ARE APPLYING:

- CERTIFICATION IN EMERGENCY CRISIS RESPONSE
- CERTIFICATION IN UNIVERSITY CRISIS RESPONSE
- CERTIFICATION IN SCHOOL CRISIS RESPONSE
- CERTIFICATION IN CORPORATE CRISIS RESPONSE

I hereby certify that all the information provided in this Application Form is accurate and complete. I understand that the certifications offer by the National Center for Crisis Management in collaboration with the American Academic of Experts in Traumatic Stress aims to identify applicants' expertise by virtue of their knowledge, experience, training and education. I agree to abide by the Center's Code of Ethical and Professional Standards and agree to hold harmless the National Center for Crisis Management and the American Academy of Experts in Traumatic Stress, its officers, consultants and employees for any misrepresentation of my credentials and for any malpractice on my part either willful or through negligent conduct, recklessness, and gross misconduct and for all claims, loss, damage, judgment or expense. I understand that the National Center for Crisis Management and the American Academy of Experts in Traumatic Stress do not practice medicine or psychology or provide direct or indirect patient/client care. Furthermore, I understand that certifications offer by the National Center for Crisis Management and the American Academy of Experts in Traumatic Stress does not attest to my ability to treat people.

Signature \_\_\_\_\_

Date \_\_\_\_\_



## NATIONAL CENTER FOR CRISIS MANAGEMENT

### APPLICATION CHECKLIST

- Current Resume/Vitae:** Your resume should include all education and work experience related to traumatic stress or crisis management. If resume clearly outlines workshops, seminars, presentation and conferences attended, the knowledge, training and education documentation form does not need to be completed. The amount of hours needs to be clearly denoted in the resume for it to be acceptable.
- Educational Degree:** Please check the appropriate box below. Documentation in the form of a diploma or transcript needs to be included with this application
  - High School Diploma     Associates Degree     Bachelors Degree
  - Masters Degree             Doctoral Degree
- Copy of State License (if in a licensable profession) and Board Certification (if profession offers board certification)**
- Crisis Management Knowledge, Training and Education Documentation Form:** The applicant must provide documentation regarding knowledge, experience and training in traumatic stress. Copies of certificates, letters or transcripts documenting conferences, seminars, workshops, coursework or classes must be provided. All documentation specific to the certification area should also be included. The applicant must receive 200 *documentation points* in order to meet the knowledge, training and education criteria for certification in the crisis management specialty area.
- Crisis Management Experience Documentation Form:** Applicants must provide a description of two crisis situations for which they have personally responded. A description of the crisis situation and the manner in which it was responded to should be provided. Please see the Experience Documentation Form for more information. The crisis situation should be related to the specialty area for which application is being made.
- Certification review fee of \$250.00:** This fee is for review of the application for the certification in the specialty area. If the applicant is not successful, a letter outlining the reason(s) will be sent to the applicant and the applicant will be given a second opportunity to submit supporting documentation. There will be no charge for the second review.

Enclosed is my check for \$250.00, or please charge \$250.00 to my  VISA  American Express  MasterCard  Discover Card

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**DOCUMENTATION OF KNOWLEDGE, TRAINING AND EDUCATION  
IN CRISIS MANAGEMENT SPECIALTY AREA**

The applicant must receive a total of 150 documentation points in this section in order to meet the certification criteria for the Knowledge, Training and Educational (KTE) requirements. Several forms of KTE are acceptable and are listed below along with their point value. All forms of KTE must be relevant to traumatic stress or the area of crisis management specialization. Please check the box next to where you are documenting KTE points. Please also list the total number of KTE points for each section in the column provided. Documentation of all items included on the form need to be supplied in order for the applicant to receive credit.

<b>Forms of Knowledge, Training and Education (Number of documentation points in parentheses)</b>	<b>Number of Documentation Points in Section</b>	<b>Required Documentation</b>
<b>Section I.</b> <input type="checkbox"/> Doctoral Level Education/Training (60) <input type="checkbox"/> Masters Level Education/Training Training (50) <input type="checkbox"/> Bachelor Level Education/Training (40) <input type="checkbox"/> Specific Certifications (e.g., Paramedic, EMT) (30)		Educational Transcript or copy of Diploma
<b>Section II.</b> <input type="checkbox"/> State License or Certification (40)		Copy of Current License or Certification
<b>Section III.</b> <input type="checkbox"/> Workshop / Seminar / Presentation / Supervision (one documentation credit per contact hour)		Copy of certificate denoting name of workshop, provider, contact hours or letter from supervisor number of supervision hours
<b>Section IV.</b> <input type="checkbox"/> College or Graduate Coursework related to crisis response (15 per course)		Educational Transcript
<b>Section V.</b> <input type="checkbox"/> Authored / Co-authored/edited book or manual related to crisis management or crisis management specialty area (30 per document)		Copy of cover of book with applicant's name clearly denoted
<b>Section VI.</b> <input type="checkbox"/> Authored / Co-authored article related to crisis management or crisis management specialty area (15 per article)		Copy of article with applicant's name clearly denoted
<b>Section VII.</b> <input type="checkbox"/> Hold an administrative/supervisory position related to the crisis management specialty area (25)		Letter from employer indicating that applicant holds this position or copy of agency documents indicating position

**CONTINUED ON NEXT PAGE**

**DOCUMENTATION OF KNOWLEDGE, TRAINING AND EDUCATION  
IN TRAUMATIC STRESS AND TRAUMATIC STRESS SPECIALTY AREA (CON'T)**

<b>Forms of Knowledge, Training and Education</b> (Number of documentation credits in parentheses)	<b>Number of Documentation Points in Section</b>	<b>Required Documentation</b>
<b>Section VIII.</b> <input type="checkbox"/> Trained and/or presented to colleagues information related to area of crisis management specialty <b>(10 per presentation topic)</b>		Brochure indicating name of presentation or a letter from organizer including same
<b>Section IX.</b> <input type="checkbox"/> Taught course at the college or graduate school level on crisis management or in the crisis management specialty area <b>(15 per course)</b>		College document indicating name of course, applicant's name and course credit hours
<b>Section X.</b> <input type="checkbox"/> Hold a certification by another recognized organization in crisis management or in the crisis management specialty area <b>(25)</b>		Copy of Certification
<b>Please indicate the total number of documentation points from sections one through ten:</b>		

I attest that the information provided on the KTE Documentation Form is true and accurate:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## EXPERIENCE DOCUMENTATION FORM IN CRISIS MANAGEMENT SPECIALTY AREA

Applicants must provide a description of two crisis situations for which they have personally responded. Please be detailed in your description and include information regarding the cause of the crisis, the environment in which it took place, the population it impacted and the type of response. The crisis situation should be related to the specialty area for which application is being made. Please use additional paper if required.

### CRISIS SITUATION 1

## CRISIS SITUATION 2

I attest that the information provided on the Experience Documentation Form is true and accurate:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date