



CENTRAL SHENANDOAH EMS COUNCIL

2312 W. Beverley St.
Staunton, VA 24401

www.csems.vaems.org
e-mail: csems@ntelos.net

(540) 886-3676 phone
(540) 886-3735 fax

Central Shenandoah EMS Council CISM Team Application

Type of application (check one) Mental Health Peer

Name _____ Birthdate _____

Address _____ Zip _____

Phone _____ Pager _____ Cell _____ Work _____

E-mail _____

Current CISM Training _____

Agency affiliation(s) _____

Level of EMS certification if applicable FR EMT ST/E CT/I PM Nurse

Comments _____

Please attach a copy of your credentials - certificate etc.

All information on this application is confidential. Please submit this application and all supporting documents to the CSEMS office Attn: CISM.

Official Use Only				Date Received: _____	
Approval: Yes No					
Comments _____ _____ _____					
Interviewed by:					
Name	Signature	Date	Name	Signature	Date
Name	Signature	Date	Name	Signature	Date