

Crisis Management Consultant (CMC) Application

Please type or print

PERSONAL DATA:

Name _____
Last Name First Name MI

Home Address _____
Street Address, PO Box, RFD#, etc.

City State Zip

Office Phone Number: _____ Pager Number: _____

Fax Number: _____ Mobile Number: _____

E-Mail Address: _____ Home Number: _____

Social Security Number: _____

PROFESSIONAL DATA:

Employer (indicate if primarily self-employed) _____

Office Address: _____
Street Address, P.O. Box, RFD#, Suite#, Etc.

City State Zip

Title of position: _____

Private practice (part or full time) _____

Office Address: _____
Street Address, P.O. Box, RFD#, Suite#, Etc.

City State Zip

At which address would like to receive CMI correspondence? Home / work

EDUCATIONAL DATA: (BEGIN WITH HIGHEST DEGREE)

College/University _____
Name/State Degree Year

College/University _____
Name/State Degree Year

College/University _____
Name/State Degree Year

OTHER PROFESSIONAL TRAINING:

CMI TRAINING COMPLETED:

Corporate Crisis Intervention Training (dates)

Threat of Violence Consultant Training (dates)

Web-based training – A Resiliency Approach to Early Crisis Intervention (dates)

Other CMI training:

PROFESSIONAL LICENSES:

Type	State	Number	Date
Type	State	Number	Date
Type	State	Number	Date

Are you fluent in a language other than English? Yes / No

If yes, please list: _____

Do you have a valid passport and are you willing to travel internationally?

Yes / No

Describe in summary fashion any specific trauma experience, including organizations, locations, dates, nature of incidents, services provided.

Have you ever worked in a corporate or industrial setting (as an employee or consultant)? Yes / No. If so, please explain.

References: Provide two (2) references unrelated to you who can verify the foregoing information and attest to your professional character and abilities:

Name	Name
Street Address	Street Address
City, State, Zip	City, State, Zip

Daytime Telephone Number (inc. area code) Daytime Telephone Number (inc. area code)

Malpractice and Comprehensive General Liability Insurance Carrier:

Company Name

Policy Number

Coverage Amounts

Expiration Date

Is this coverage through your employer? (circle) YES NO

If yes, do you carry any other forms of malpractice insurance? (circle) YES NO
Complete, if you responded yes to this question.

Company Name

Policy Number

Coverage Amounts

Expiration Date

Have you ever been denied coverage for professional or comprehensive general liability insurance? Yes / No If so, please explain in detail.

Have you ever had any professional license revoked or suspended? Yes / No. If so, please explain.

Have you ever been the subject of a formal complaint or investigation wherein your fitness to act as a therapist has been at issue or questioned? Yes / No If so, please explain.

Have you ever been convicted of (or entered a "No Contest" plea to) a felony or a crime involving moral turpitude or which would raise questions regarding your fitness to act as

a professional therapist? Yes / No If so, please explain. If necessary attach a separate paper fully explaining the circumstances of such conviction, including name of the case, date, sentence, etc.

Please list your personal strengths that will assist you as a CMI consultant.

How comfortable do you feel doing the work for which you have been trained by CMI?

On a scale of 1 - 10 with a CMI Senior Level Consultant?

1 2 3 4 5 6 7 8 9 10
(10 highest)

On a scale of 1 - 10 by yourself?

1 2 3 4 5 6 7 8 9 10
(10 highest)

By my signature below, I certify that the foregoing information is true and correct, and authorizes CMI to contact the schools and references listed above.

Signature

Date

Please enclose a copy of: CV, liability insurance policy/s, professional license, diploma of highest degree, a color photo for ID badging purposes, and non-refundable application fee. **Your application will not be processed without all of these items. Please mail to:**

You will be notified when your application process is complete. If you have any questions, e-mail Crisis & Network Manager, Brenda Verastigi at: bverastigi@cmiatl.com

**Crisis & Network Manager,
CMI, Inc.
8 Piedmont Center, Ste. 420
Atlanta, Georgia 30305**