

Contra Costa County Public Safety Support Services



Requirements for MHP Membership

- Currently a Ca licensed PhD, PsyD, MFT, LCSW or LMFT in good standing with the licensing board
- At least 4 years post-licensure experience
- A minimum of 2 years practical experience working with Public Safety employees
- Maintenance of own liability/malpractice insurance (for MHP's)

Application packets must include the following:

- Contra Costa County Public Safety Support Services **MHP Application**
- Copies of ICISF certificates:
 - Assisting Individuals in Crisis
 - Group Crisis Intervention
 - Suicide Prevention, Intervention and Postvention
 - Advanced Group Crisis Intervention.
- Copies of current Licenses
- Copy of Driver's License
- Resume of experience
- Copy of proof of liability insurance

Applications must be complete with required documents, signed and submitted to:
apps@CCCPSSS.com



Contra Costa County Public Safety Support Services

MENTAL HEALTH PROFESSIONAL APPLICATION

APPLICANT INFORMATION				
Last Name		First		MI
Address				
City			State	Zip
Phone	Email		DOB	
SSN	DL#		Exp	

OCCUPATION			
Employer		From	To
Address			
City		State	Zip
Phone	Title		

EDUCATION		
College	From	To
	Degree	Major
Graduate	From	To
	Degree	Major
Other	From	To
	Degree	Major

CREDENTIALS: Check all that apply

- LCSW/LMSW Lic# _____
- LMFT Lic# _____
- LBA Lic# _____
- Other Lic# _____

- Psychologist Lic# _____
- Psychiatrist Lic# _____
- LCPC/LPC: Lic# _____
- Other Lic# _____

TRAINING-ICISF: Check all that apply

- Assisting Individuals in Crisis
- Group Crisis Intervention
- Advanced Group Crisis Intervention
- Strategic Response to Crisis
- Psychological First Aid
- Other:
- Suicide Prevention, Intervention & Postvention
- Stress Management for the Trauma Services Provider
- Line of Duty Death: Preparing the Best for the Worst
- Techniques for Delivering Bad News by Crisis Response Personnel
- Other:
- Other:

List other professional organizations, specialized training or certificates that may be beneficial to the position of Mental Health Professional with the Contra Costa County Public Safety Support Services.

Please explain why you want to be a Public Safety Mental Health Professional for the Contra Costa County Public Safety Support Services.

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REFERENCES

Name		Relationship	
Address			
City		State	Zip
Phone	Email		
Name		Relationship	
Address			
City		State	Zip
Phone	Email		
Name		Relationship	
Address			
City		State	Zip
Phone	Email		

Contra Costa County Public Safety Support Services Association

Policy 6: Revocation & Suspension of Membership & Appeals

Membership is revocable at the discretion of the Program Coordinator, in conjunction with the Peer Review Board. Action is appropriate for, but not limited to, the following:

- Failure to maintain strict confidentiality regarding CIS interventions held, including topics discussed and personnel involved. Any breach in confidentiality will result in the immediate removal from the team and the program.
- Failure to follow all local protocols and directives regarding team or program activity.
- Organizing, or in any way attempting to organize, any type of intervention, or other CISM activity, without the Program Coordinator's, Mental Health Professionals', appropriate Section Director, or On-Call Coordinator's knowledge or approval.
- Going to the scene or place of an incident to act on behalf of the CISM Program or the Team without prior knowledge or consent of the leadership as in number three above.
- Failure to be present at an assigned event when the member has made the commitment to do so.
- Continued absenteeism at team meetings or training and/or lack of participation in team services.
- Acting against the expressed direction of the Program Coordinator, the Mental Health Professionals or the lead agency.
- Any misrepresentation of the affairs or operations of the CISM Program.
- Failure to complete required paperwork.
- Any member who displays or acts in a manner to push a personal agenda.

By signing this application I agree to all of the above. I solemnly attest that all information given is true and correct. False statements or omissions on this application are grounds for immediate discharge from the Contra Costa County Public Safety Support Services Association.

In addition, by signing this application I agree that as a Contra Costa County Public Safety Support Services Mental Health Professional I have a full understanding of the California Evidence Code Article 8 Section 912, 917 and 1014. I hereby, certify that all information derived as part of the Pshychotherapist-Patient relationship, will be held in the strictest of confidence.

Membership with Contra Costa County Public Safety Support Services Association is not an endorsement of competency or an endorsement to practice therapy.

Name (Print)

Signature

Date