



Date of application:

____ / ____ / ____

For office use only:

Application Status:

- Full
- Mentor program
- Denied

Date: _____

Signature: _____

Title: _____

**Supportive Solutions, Inc.
Crisis Support Consultant Application**

Name: _____
 First **Middle** **Last**

Address: _____

City: _____

State: _____

Zipcode: _____

Phone: (Home) _____

 (Work) _____

 (Mobile) _____

 (Pager) _____

Email address: _____

EDUCATIONAL BACKGROUND – please include a copy of your most recent degree

Name of College or University Start with most recent	Location City/State	Graduated Mo/Yr	Major or concentration	Degree

Educational background continued on next page (2)

Other specialized training or education, e.g., DBT, CBT, IPT, etc. (do not include any crisis response training in this section):

Do you have an NPI #? (if so, please provide): _____

Do you have a CAQH#? (if so, please provide): _____

Are you fluent in another language? If yes, which language? _____

Crisis Response Training
(Include Certificates of Completion for all trainings listed)

Type of training (CISD/CMI-CMC/Resiliency/Red Cross NOVA, P-Flash, etc.) List all that apply	Level of training completed (basic, inter, adv)	Month/Yr completed

List any additional crisis response related training that you have received (specialty areas such as response for children, communities, business, bio-terrorism, etc.) _____

Crisis Response Experience - this is not crisis intervention in your practice, but onsite or telephone support for individuals who have experienced a traumatic event

How many years have you provided crisis response services (telephone, on-site – indicate which type(s) of responses you have provided)? _____

Approximately how many incidents (indicate whether telephone support and/or onsite) have you been called upon to provide response services?

Have you provided crisis response services in business settings for Employee Assistance Programs (EAP), Human Resources(HR) or other corporate departments? _____

Have you ever provided crisis response services for other crisis management organizations or groups, e.g. (Red Cross, Green Cross, CMI, CCN, etc.)? _____

Do you currently provide crisis response services for Red Cross, Green Cross, CCN, etc.? _____

Professional licenses/certifications & malpractice insurance

Type of license (social work, psychology, counseling, etc.) _____

State(s) in which you are licensed: _____

License/certification #: _____

Expiration date: _____

Name of malpractice insurance company: _____

Amount of coverage (1 million/3million required) _____

Expiration date: _____

Is your malpractice coverage for you as an individual? Or agency? _____

Background checks

As part of the application process, Supportive Solutions not only conducts a primary source verification (psv) check to confirm the status of your license, but also a criminal background check including criminal activities, sexual offenses or other records. Applicant understands that Supportive Solutions may be requesting information from various Federal, State, local and other agencies which contain applicant's past activities. We require that you check the "yes " box if you agree to the background check or "no" if you are not willing to participate. Not participating in this background check however will remove your application from further consideration as a Supportive Solution, Inc. Consultant.

Please check one of the following:

- Yes, I authorize Supportive Solutions, Inc. without reservation, to conduct a primary source verification check on my license and a background check with any party or agency contacted by Supportive Solutions to furnish the above-mentioned information. Applicant further authorizes ongoing procurement of the above-mentioned reports at any time during applicant's contract with Supportive Solutions. Applicant understands that they have the right to make a request of the background agency (easybackgrounds) upon proper identification and the payment of any authorized fees, the information in its files on me at the time of my request.
Signature of Applicant: _____ Date: _____
Social Security #: _____ Date of Birth: _____
Home Address: _____ City: _____ State: _____ Zip: _____

- No. I do not wish to have a primary source verification or background check conducted. I understand that my application will be removed from consideration at this time.

Statement of agreement

I understand that my application to become a Support Consultant for Supportive Solutions, Inc. does not guarantee inclusion in this network. It is my understanding that direct admittance into this network will be based on my experience providing crisis response services in a business setting, my previous training, clearance of my license and background check. I also understand that if I am not accepted due to limited experience or training, that training/mentoring or coaching options might be offered to support my entry into this network.

If I am accepted into the network, I understand that I will be required to participate in continuing education provided to the Support Consultant Community.

I verify that all information that I have provided in this application packet is true to the best of my knowledge.

Applicant name (print): _____

Date of application: _____

Signature of applicant: _____

Background Checks
(enclose with application, if applicable)

Supportive Solutions Inc, requires that a criminal/sexual offense background check be completed on each of our consultants. This requirement can be met in three ways:

- 1) Submit a criminal background check that includes a sexual offense check that has been completed on you in the past year (**1 year from the date of this application**).
- 2) Contact your local or state police to determine the steps to take to have the background check conducted on yourself (usually a fee is involved).
- 3) Run a background check online. There are a number of sites such as easybackgrounds or hire-safe where you can have a background check run.

Submit application, three references, a copy of your license and a copy of your malpractice insurance and the background check.

Thank you for your interest in becoming a member of the Supportive Solutions Crisis Support Consultant Community. Your application will be processed in a timely fashion. Please contact us with any questions that you might have regarding the application process.

Correspondence should be sent to:
Supportive Solutions, Inc.
P.O. Box # 52
Murrysville, PA 15668

FAX: 1.724.515.7374

Questions? Call: 1.724.515.7354