Fundamentals of Disaster Mental Health Practice

Participant Application

Applicant Eligibility Criteria

* An advanced degree in a mental health field, or Registered Nurse with psychiatric experience, or have CASAC licensure.
* Satisfactory completion of training in Psychological First Aid (see below)
* If Non-DMH Responder no degree required (see back under *DMH Responding)*

Instructions

Questions and completed applications should be forwarded via email to: [dmhomh@omh.ny.gov](mailto:dmhomh@omh.ny.gov)

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| **Date of Training:** | Location of Training: |

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| Applicant Information/Credentials | | | | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | | | | | | |
| If OMH employee, N # | | | | | | | | | | | | | | | | | | | |
| **Credentials** (e.g., MSW, MHC, Ph.D., RN, CASAC, etc.): | | | | | | | | | | |  | | | | | | | | |
| Professional Discipline | | | | | | | | | | | | | | | | | | | |
| Social worker | | | | | Psychologist | | | Psychiatric Nurse | | | | | Psychiatrist | | | Mental Health Counselor | | |
| Spiritual Care Professional | | | | | | | | Substance Abuse Counselor | | | | | | |  | | | |
| Other: | | | | | | | | | | | | | | | | | | |
| Contact Information | | | | | | | | | | | | | | | | | | |
| Facility/Agency/Org: | | | | |  | | | | | | | | | | | | | |
| Mobile #: | | ( ) | | | | Work #: | | | ( ) | | | | | | Home #: | ( ) | | |
| Work e-mail: | | |  | | | | | | | | Home e-mail: | |  | | | | | |
| Previous Response Experience | | | | | | | | | | | | | | | | | | |
| Please list **up to 3** previous experiences you have as a disaster/emergency or spiritual care responder | | | | | | | | | | | | | | | | | | |
| Type of Event (flood, fire, etc.) | | | | | | | | Location of the Event | | | | | | | | | Date(s) | |
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| Disaster Response/Emergency Management Trainings TAKEN | | | |
| List up to 5 disaster **or** EM related training you may have completed (list ICS training as ICS 100, 200, etc. if applicable) | | | |
| Name/Type of Training | Method (Classroom, On-line) | Training Dates (year) | # of Hours |
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| Special Needs |
| Please list any special needs you may have, including mobility restrictions that may be necessary for you to be able to participate in this training. |
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| DMH Responding |
| Do you wish to be included in a roster for DMH response activities? ☐ Yes ☐ No |
| For whom would you be responding? ☐ OMH DMH Team ☐ County Team ☐ Hospital ☐ Not sure |
| ☐ **Non-DMH Responder** (completed course but not credentialed to respond to a disaster for mental health support) |
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**PRE-STUDY**

Each participant **must** complete a review of the following **in advance of participation:**

* **Psychological First Aid (PFA)**—Proof of completion is required at the time of the class
  + PFA is available on-line via the NYS Dept. of Health Learning Management System at : <https://www.nylearnsph.com/Public/default.aspx>
  + A certificate of completion of previous classroom training is acceptable
* ***Disaster Characteristics*** Self-Study Guide (to be provided to you in advance of the class)

**Pre-study materials will be forwarded upon registration**

**Questions?**

**OMH:** Steve Moskowitz @ 518.408.2967 or [dmhomh@omh.ny.gov](mailto:dmhomh@omh.ny.gov)

**DOH:** Thomas Henery @ 518 402-6219 or [thomas.henery@health.ny.gov](mailto:thomas.henery@health.ny.gov)