

## Site Standards and Application

Site director applying for a certification of a site will complete the following requirements:

- Site director has met all the necessary qualifications to become, or is already, a Certified Traumatologist. If the site director is a field Traumatologist must have faculty capable of facilitating clinical workshops.
- Basic policies and procedures must be submitted along with memorandum of adherence to standards (See online policies and procedures)
- Statement of how the GC policies and procedures will be implemented into trainings (See standards and procedures online)
- Resume, business card, and electronic photo submitted
- Paid application fee of \$150 dollars, which is applied to the site fee of \$1,500.
- Agreement to pay balance of site fee \$1,350 upon approval.

*Disclaimer: Sites applying from educational institutions or corporations which already have policies and procedures meet EEOC qualifications only need to submit a letter of statement of acknowledgement.*

All submissions will be accepted through email submission to [greencrosshq@regent.edu](mailto:greencrosshq@regent.edu). Payments can be made online under the membership link to paypal.

### Director Contact Information

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

### Site Director Membership Information (For office use only)

Member # \_\_\_\_\_ Renewal Date: \_\_\_\_\_

**Director's Background and Certification**

Post High School Education/Degree(s)	Educational Institution	Date Conferred
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Certificates/Licenses	Certifying Institution	Date Completed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Director's Trauma/Disaster Experience**

Event	Assignment	Organization Name	Dates Deployed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Location Information**

Site Name \_\_\_\_\_

Site/Institution Type \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

**Faculty Information**

Faculty Member	Credentials / Trainings received GCAT	Member #

## ***Additional Information***

1. I would like to be considered for disaster deployment with the Green Cross Academy of Traumatology Disaster Assistance Program.
- In State  Yes  No  
Out of State  Yes  No  
Internationally  Yes  No
2. I have supervised a disaster team in the past.  Yes  No
3. I have trained others in crisis intervention, disaster mental health, or related area. List types of training provided, the date, and the coordinating agency.  Yes  No
4. I will mail, e-mail or fax my resume to complete the application process (address, e-mail fax provided on reverse).  Yes  No
5. I agree to comply with the Green Cross Academy of Traumatology Standards of Self-Care.  Yes  No
6. I agree to comply with the Academy of Traumatology Standard of Practice (as adopted by the Florida Crisis Consortium and the State of Florida Department of Health).  Yes  No

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Signature

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Date