



145154 Underwood Lane  
Sterling, VA 20166  
571-302-3486  
gcatofficemanager@gmail.com  
www.greencross.org

## 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 Traumatologists 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 gcatofficemanager@gmail.com. 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 # |
|----------------|---------------------------------------|----------|
|----------------|---------------------------------------|----------|

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**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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

