

# NAMA: National Anger Management Association

## **CERTIFICATION APPLICATION** CRISIS INTERVENTION SPECIALIST—II

Name (exactly as wanted on certificate) : \_\_\_\_\_

(Agency or Affiliation if Applicable): \_\_\_\_\_

Street Address (Office) \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Website: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Email : \_\_\_\_\_ (Please confirm correct) \_\_\_\_\_

Shipping address (if different from above) \_\_\_\_\_

### **PROFESSIONAL BACKGROUND**

**In order for your application to be processed, you must answer ALL questions COMPLETELY**

1. Type of Credential:

BA / BS  RN  LPC  LSW  LCSW  LMFT  PhD  MD

2.  Other - Please specify \_\_\_\_\_ License No. (If applicable) \_\_\_\_\_ State \_\_\_\_\_

2. With how many Crisis hours are you currently working/week?  1-10  11-20  21-30  30 or more

3. Years of experience providing crisis intervention service:  1-3  4-6  7-10  10 or more

4. Please check all areas of interest for future trainings. (You may check multiple fields)

Crisis Intervention Updates  Domestic Crisis Intervention  Children & Adolescent Intervention  
 Team Crisis Intervention Work  Other: \_\_\_\_\_

5. Would you be willing to provide outcome survey information measuring benefits of your work?  Yes  No

6. Please indicate if you work for:

Agency  Private Practice  Both

7. Would you willing to volunteer to provide time and leadership for NAMA?  Yes  No

Please Specify: \_\_\_\_\_

8. Please indicate how and when you have fulfilled the Certified Crisis Intervention Training Course.

Please specify \_\_\_\_\_

9. Please indicate name of Supervisor with whom you have fulfilled the course Supervision Component and date.

Date of Completion: \_\_\_\_\_ Name of Approved Supervisor: \_\_\_\_\_

10. Please include all supporting documentation and \$150 processing fee with this application.

Credit Cards: Visa, MC, Amex \_\_\_\_\_ Exp. \_\_\_\_\_ Signature \_\_\_\_\_

**(For fastest reply) FAX to (646) 390-1571 - you may also scan and email: [namass@namass.org](mailto:namass@namass.org)**

OR—Checks payable to: NAMA—mail to: NAMA, PO Box 26629, Greenville, SC 29616