

NORTH CAROLINA DISASTER RESPONSE NETWORK

Application for Professional Membership in the NC Psychological Foundation Disaster Response Network

ELIGIBLE APPLICANTS: Licensed Psychologists, Licensed Psychological Associates, Licensed Clinical Addiction Specialists, Licensed Clinical Social Workers, Psychiatrists, Licensed Marriage and Family Therapists, Licensed Professional Counselors, Psychiatric Mental Health Clinical Nurse Specialists, & Psychiatric Mental Health Nurse Practitioners.

PROVISIONALLY LICENSED PROFESSIONALS: Provisionally licensed individuals in the above fields *are eligible* to take the DRN training. Once fully licensed, he/she may become a member of the DRN.

Please type or print CLEARLY & respond to all questions.

Name _____ Highest Degree _____

County of Residence _____ County of Workplace _____

Mailing Address _____

Please list all phone numbers where we may contact you. Place an asterisk (*) next to the number at which you can best be reached. **All personal details are kept strictly confidential.**

The DRN primarily communicates with members is via email. If there is a better way to reach you please indicate this below. **However, even if it is NOT the best way to reach you, please include an email address.** Please include the area code for each phone number.

Office/Daytime _____ Home/Evening _____

Cell: _____ Fax _____

Email _____

LICENSURE/CERTIFICATION

Please indicate the category under which you are licensed or certified:

____ LP
____ LPA
____ LCSW
____ MD

____ LPC
____ LMFT
____ PMH-CNS & PMH-NP
____ LCAS

Please Check All That Apply

POPULATIONS SERVED: Children & Adolescents _____ Adults _____ Families _____ Other _____

Please list: _____

LANGUAGES: (*English Excluded*) Please list any languages you speak, including American Sign Language:

AREA/S IN WHICH YOU CAN RESPOND: Local Community _____ Your County _____ Your Region _____

Statewide _____ Southeastern US _____ National _____

PREVIOUS TRAINING AND EXPERIENCE IN DISASTER RESPONSE (Coursework, Workshops)

NC DRN Orientation to Disaster Mental Health _____ Yes _____ No Date Completed _____

DMH/DD/SAS Disaster Response Training _____ Yes _____ No Date Completed _____

American Red Cross (ARC) CPR* _____ Yes _____ No Date Completed _____

ARC First Aid* _____ Yes _____ No Date Completed _____

ARC Disaster Mental Health Fundamentals* _____ Yes _____ No Date Completed _____

Other: _____ Date Completed _____

_____ Date Completed _____

_____ Date Completed _____

***These courses are required by the American Red Cross to be a Disaster Mental Health Worker. If you would like additional information or have questions, email DisasterTraining@redcross.org.**

To locate your local Red Cross Chapter, go to www.redcross.org/find-your-local-chapter.

DISASTER/CRISIS EXPERIENCE:

ATTESTATIONS

1. I agree that in providing mental health services as a member of the NCPF DRN, I will operate within the scope of my training and competence. Membership in the NCPF DRN does not indicate or imply specific competence in disaster intervention.
2. By becoming a DRN team member, I am indicating a willingness to put forth every effort to make myself available at the time of a crisis or disaster unless pressing personal or professional responsibilities make my participation in a given situation unwise, irresponsible, or simply not possible at the time.
3. Participation in the NCPF DRN requires current licensure/certification in one of the seven categories listed above, current and adequate liability insurance coverage, and adherence to the rules and procedures of the DRN. I agree to maintain current insurance coverage. I agree to immediately report any changes in these items to my professional organization or the DRN Coordinator. I understand that when working through American Red Cross (ARC), the ARC will cover liability.
4. I understand that all mental health services I provide under the auspices of the NCPF DRN will be on a *pro bono* basis. I will neither accept payment for my services, nor refer clients to whom I have rendered disaster services to myself. Any follow-up services I provide to clients to whom I have rendered disaster services will also be on a *pro bono* basis, unless alternative arrangements have been made and approved.
5. I agree to abide by the laws of the State of North Carolina regulating my practice as a professional and to the ethical standards of my profession.
6. I agree to indemnify and save harmless my professional organization, the NCPF DRN, and any and all staff, officers and members of the DRN Task Force organizations against any and all loss, damage, or costs (including costs of defending actions against the same and attorneys' fees) which may hereinafter incur by reason of my participation in NCPF DRN activities.

Signature _____ Date _____

RETURN TO: NC Psychological Foundation
1004 Dresser Court, Suite 106
Raleigh, NC 27609

(We suggest you keep a copy of this application for your records.)