

**DISASTER RESPONSE NETWORK
NC Disaster Response Task Force**

**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 Professional Counselors, Licensed Marriage and Family Therapists, Certified Psychiatric Clinical Nurse Specialists

Please type or print clearly, and respond to all questions.

Name _____ **Degree(s)** _____

County of Residence _____ **County of Workplace** _____

Mailing Address _____

Please list all telephone numbers at which you may be reached. Please put a star (*) by the number(s) where you are most likely to be reached. Include pagers and cellular phones if applicable.

Daytime (____) _____ Evening/Night (____) _____

(____) _____ Pager (____) _____

Fax (____) _____ Cellular (____) _____

E-Mail _____

Our primary method of contacting DRN members is via email. Please indicate if there is a better method of reaching you. _____

Licensure/Certification

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

____ LP
____ LPA
____ LCSW
____ MD

____ LPC
____ LMFT
____ APRN, BC (Ph.)
____ LCAS

CHECK ALL THAT APPLY:

Population Served: Children & Adolescents _____ Adults _____ Families _____
Other _____ Please list: _____

Languages: Please list any languages you speak other than English (include sign language):

Area in which you can respond: Local Community _____ Your County _____
Your Region _____ Statewide _____ Southeastern US _____ National _____

Previous Training and Experience in Disaster Response

Coursework/Workshops

NCPF Disaster Task Force:			
Orientation to Disaster Mental Health Intervention	___ Yes ___ No	Date Completed	_____
DMH/DD/SAS Disaster Response Training	___ Yes ___ No	Date Completed	_____
American Red Cross Introduction to Disaster*	___ Yes ___ No	Date Completed	_____
American Red Cross CPR	___ Yes ___ No	Date Completed	_____
American Red Cross First Aid	___ Yes ___ No	Date Completed	_____
American Red Cross Disaster Mental Health	___ Yes ___ No	Date Completed	_____
Other: _____		Date Completed	_____
_____		Date Completed	_____
_____		Date Completed	_____
_____		Date Completed	_____

*The 4 listed courses are required in order to be in the American Red Cross Disaster Mental Health Registry. Contact your local ARC or DRN Coordinator for more information.

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.)