Team Name:

CISM / Peer Support Team Checklist

I. Minimum Team Membership

CISM Team

At least one clinician is present on the team	Yes ☐	No ☐	N/A ☐
Clinician meets Virginia licensure or equivalent experience (Clinician holds doctorate in behavioral health/crisis intervention)	Yes ☐	No ☐	N/A ☐
Peers meet required training standards	Yes ☐	No ☐	N/A ☐
Team roster includes all active members	Yes ☐	No ☐	N/A ☐

Peer Support Team

Peer Support Team has a Virginia-licensed clinician	Yes ☐	No ☐	N/A ☐
Clinician has 5+ years EMS/public safety experience	Yes ☐	No ☐	N/A ☐
At least 3 trained peers per discipline served	Yes ☐	No ☐	N/A ☐
Peers meet required training standards	Yes ☐	No ☐	N/A ☐
Team roster includes all active members	Yes ☐	No ☐	N/A ☐

II. Team Leadership

Team Leader designated as team oversight and meets training standards	Yes ☐	No ☐	N/A ☐
Team Leader has at least 1 year crisis intervention experience	Yes ☐	No ☐	N/A ☐
Peer Support Team led by Virginia-licensed clinician	Yes ☐	No ☐	N/A ☐
OPTIONAL: Clinical Coordinator role defined (coordinate with clinicians, oversees team	Yes ☐	No ☐	N/A ☐

training and deployments, supports team leadership function)

III. Team Training

Training program meets OEMS standards	Yes ☐	No ☐	N/A ☐
Biannual activity and training logs maintained	Yes ☐	No ☐	N/A ☐
Peers have required certifications (Peer, Group, Suicide)	Yes ☐	No ☐	N/A ☐
Training documentation is maintained (certificates or certification letter by team leader verifying acceptable training)	Yes ☐	No ☐	N/A ☐
RENEWAL: Members complete 12 hours of renewal training in 3 years (topics include crisis counseling or related topics)	Yes ☐	No ☐	N/A ☐

IV. Team Alerting

24-hour alerting/notification process exists	Yes ☐	No ☐	N/A ☐
Alerting process documented and shared with OEMS	Yes ☐	No ☐	N/A ☐

V. Team Meetings

Team meets at least quarterly	Yes ☐	No ☐	N/A ☐
RENEWAL: Documentation of at least 1 meeting per quarter for last 3 years	Yes ☐	No ☐	N/A ☐
Meeting logs and attendance documented	Yes ☐	No ☐	N/A ☐

VI. Team SOP/SOG/Policies

SOP/SOG/Policies cover required elements	Yes ☐	No ☐	N/A ☐
Animal-assisted support policies included (if applicable)	Yes ☐	No ☐	N/A ☐

Team Name:

SOP includes activation procedure	Yes ☐	No ☐	N/A ☐
SOP includes application and dismissal process	Yes ☐	No ☐	N/A ☐

VII. Peer Outreach

Minimum 3 outreach efforts per accreditation period (interaction with Peer Group outside of team membership)	Yes ☐	No ☐	N/A ☐
Contacts documentation maintained - Statistics	Yes ☐	No ☐	N/A ☐

VIII. Team Documentation Requirements

Background checks verified	Yes ☐	No ☐	N/A ☐
Leadership updates reported within 30 days	Yes ☐	No ☐	N/A ☐

IX. Team Identification

Photo ID badges provided to team members	Yes ☐	No ☐	N/A ☐

Notes:

Completed by: