

**FEI Behavioral Health  
Trauma Application  
FEI # \_\_\_\_\_**

I am requesting approval as an FEI Trauma Specialist based on my specialized Post Trauma Intervention training and experience.

1. What organization provided the Post Trauma Intervention training you attended:

FEI Behavioral Health

Other Organization: (specify) \_\_\_\_\_

2. Name of Training Course:

\_\_\_\_\_  
*(Attach copy of Course Syllabus and Certificate of Completion)*

3. When did you receive this training?

Month: \_\_\_\_\_ Year: \_\_\_\_\_

4. How many traumatic incidents have you responded to since you underwent the training?

Group debriefing led: \_\_\_\_\_

Group debriefings assisted: \_\_\_\_\_

On-site management consultation: \_\_\_\_\_

On-site crisis intervention/support: \_\_\_\_\_

5. How many traumatic incidents have you responded to in the past two years?

Group debriefing led: \_\_\_\_\_

Group debriefings assisted: \_\_\_\_\_

On-site management consultation: \_\_\_\_\_

On-site crisis intervention/support: \_\_\_\_\_

6. Identify the types of traumatic incidents and workplace traumas (i.e., natural disasters, workplace violence, suicide, downsizing, etc.) that you have responded to:

\_\_\_\_\_  
\_\_\_\_\_

7. Identify any other relevant experience or training you have in the area of trauma response or work:

\_\_\_\_\_  
\_\_\_\_\_

FEI Behavioral Health  
11700 West Lake Park Drive  
Milwaukee, WI 53224

Phone: 800.782.1948 3  
Fax: 414.359.1973

I hereby certify that all of the responses and information provided pursuant to the above are complete, true and correct, to the best of my knowledge.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Affiliate Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

**Send completed application to:**

**FEI Behavioral Health  
11700 West Lake Park Drive  
Milwaukee, Wisconsin 53224**

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**For FEI use only**

Approved  Denied

Reason: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_