



Trauma Response Team (TRT) Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Phone: _____ Email _____

Are you clinically licensed in RI? Yes No If yes, expiration: _____

List RI Licenses type: _____ License number: _____

Have you ever had a complaint with RI DOH filed against your license? Yes No

If yes, please explain:

Do you have experience treating victims of trauma and/or experience or education in trauma response? Yes No

If yes, please explain:

Education

College: _____ Address: _____

From: _____ To: _____ Degree: _____

College: _____ Address: _____

From: _____ To: _____ Degree: _____

College: _____ Address: _____

From: _____ To: _____ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Degree: _____

Current Employment

Are you currently employed? Yes No Retired

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ From: _____ To: _____

Responsibilities/Accomplishments:

May we contact your current supervisor for a reference? Yes No

Relevant Experience

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ From: _____ To: _____

Responsibilities/Accomplishments:

May we contact your former supervisor for a reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ From: _____ To: _____

Responsibilities/Accomplishments:

May we contact your former supervisor for a reference? Yes No

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

References

Please list three professional references:

Full Name: _____ Position: _____

Company: _____ Phone Number: _____

Address: _____
Street City State Zip

Full Name: _____ Position: _____

Company: _____ Phone Number: _____

Address: _____
Street City State Zip

Full Name: _____ Position: _____

Company: _____ Phone Number: _____

Address: _____
Street City State Zip

Professional Publications

Please list any authored professional publications:

Narrative

The Trauma Response Team (TRT) will be charged with responding to violent traumatic incidents state-wide and on a 24-hr basis. Do you understand and agree to these response protocols? Yes No

I agree to complete 12 hours of continuing education training as directed by the Trauma Response Team (TRT) leadership: Yes No

Assignment to the TRT requires trauma-informed clinical experience or education. Please explain why you would like to be considered for the TRT using professional and education-based examples (please attach additional pages, if necessary):

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to assignment, I understand that false or misleading information in my application or interview may result in my release from the TRT.

Signature: _____ Date: _____