

CRITICAL INCIDENT STRESS MANAGEMENT PROGRAM
Team Leader Ride-Along Report Form

Please list your ride-alongs completed for the CISM Program

Name of Team Leader: _____

Type	Department Name/Location	Date	# of Hours of ride-along
Fire			
Police			
EMS			
Hospital			
Private Ambulance			
Dispatch Center			
Other			

Return this form prior to:

Ron Quinsey
King County Emergency Medical Services Division
999 Third Avenue South – Suite #700
Seattle, WA 98104
Fax: (206) 296-4866
Phone: (206) 296-4693