4501 Singer Court, Suite 180

Chantilly, VA 20151

703-691-4620 T

kristow@cpse.org

[www.cpse.org](http://www.cpse.org)



#### Personal Resource Inventory

## **Personal Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Last Name | |  | First Name |  | MI |  |
| Title |  | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Home Address 1 | |  | | | | |
| Home Address 2 | |  | | | | |
| City |  | | ST |  | ZIP |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Work Phone |  | Ext | |  | Work Fax | |  |
| Home Phone |  | | Mobile Phone | | |  | |
| Primary E-Mail |  | | Secondary E-Mail | | |  | |

## **Experience/Background**

*Please attach resume and position description(s). If retired, list last position held.*

|  |  |
| --- | --- |
| Current Organization |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Current Position Title |  | Current Position Level\* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Years in Current Position |  | Immediate Supervisor |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Work Address 1 | |  | | | | |
| Work Address 2 | |  | | | | |
| City |  | | ST |  | ZIP |  |

|  |  |
| --- | --- |
| If Retired, Enter Retirement Date |  |

***\* “Levels” are described as the number of supervisory positions between the applicant and the Agency Head***

**Education and Training**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Institution | Location | Degree | Graduation YR |
|  |  |  |  |
|  |  |  |  |

Special Training/Certifications

***List any applicable training, classes, seminars, and/or certifications that you have received in the last 5 years.***

|  |  |  |
| --- | --- | --- |
| **Training Sponsor** | **Course Name** | **Date(s)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

***Please attach additional pages as necessary.***

###### **DEMOGRAPHIC INFORMATION**

Please fill in the requested information on the department you are currently working for. If you are retired or not affiliated with a fire or emergency service department, please complete the information for the last agency that you retired from.

|  |  |
| --- | --- |
| Population Served |  |

|  |  |
| --- | --- |
| Total Number of Personnel | |
| Paid |  | | Volunteer |  | Civilian |  |
| Uniformed |  | | Paid on Call |  |

|  |
| --- |
| Type of Department |
| Career | |  | Volunteer |  |
| Federal/Military | |  | Industrial |  |
| Other | |  |

|  |  |
| --- | --- |
| Annual Budget |  |

|  |  |  |
| --- | --- | --- |
| **EMS DEPARTMENT SERVICE INFORMATION** | | |
| Does Not Provide EMS: | | Non-emergency transport only: |
| Basic Life Support | Transport: | Non-transport: |
| Advanced Life Support | Transport: | Non-transport: |
| Other: | | |
| **EMS TRAINING LEVEL:** | | |
| First Responder: EMT:EMT-I: EMT-P: | | |
| Other: | | |

|  |
| --- |
| What Other Services Does Your Department Provide? (Haz-Mat, Rescue, ETC) |
|  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Property Types in Your Jurisdiction (check all that apply) | | | | | | | |
| Residential |  | Commercial |  | Aviation |  | Light Industry |  |
| Marine |  | Wildland |  | Rural |  | Heavy Industry |  |
| Urban |  | Suburban |  | Agricultural |  |

**ADDITIONAL INFORMATION**

|  |  |
| --- | --- |
| What Experience Do You Have With The Self-Assessment Program? | |
| Accreditation Manager |  | |
| Agency in Self-Assessment |  | |
| Quality Improvement through Accreditation Workshop Completion Date |  | |
| Location (City/State) |  | |
| Peer Review Workshop Completion Date |  | |
| Location (City/State) |  | |

# **DISCLOSURE STATEMENT**

I am not now, nor have I ever been, engaged in any for-profit activity expressly for the purpose of advising a municipality or public safety agency on procedures and/or documentation necessary to the completion of the self-assessment process as outlined by the Commission on Fire Accreditation International. I understand that any such activity in the future will be grounds for immediate revocation of my Peer Assessor status. I also understand that I may not use or provide any materials published by the CPSE in any for-profit activity without the express written consent of the Center for Public Safety Excellence, Inc.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date |  |