



ASPR TRACIE MRC SME Cadre Application



NOTE: You must first save this form to your computer in order to complete it. Then click on the "SUBMIT" button at the end to email the completed form to ASPR TRACIE.

In order to be an ASPR TRACIE MRC SME Cadre member, you must be a U.S. citizen or eligible to work in the U.S. Being a member of the ASPR TRACIE MRC SME Cadre does not constitute a contractual relationship with ASPR or ICF, the ASPR TRACIE contractor. You may not solicit or advocate on behalf of any company when participating in ASPR TRACIE activities. Further, you will be asked to provide contact information that is not affiliated with your, or any other, company, if not already included in your application. If you have any questions, please contact ASPR TRACIE at 1-844-5-TRACIE (1-844-587-2243) or askasprtracie@hhs.gov.

I have read and agree with the previous statement. ☐ Yes

Are you a U.S. citizen? ☐ Yes

☐ No

If NO, are you eligible to work in the U.S.?

☐ Yes

☐ No

A. CONTACT INFORMATION

This section captures your contact information and contact preferences.

** Denotes a required field.*

Prefix (Mr., Ms., Dr.):	First Name:*	Last Name:*	Suffix (Jr., Sr., etc.)
Title:			
Organization:			
Preferred Address:*			
Preferred Address 2:			
City:*	State / Territory:*	Zip Code:*	Country:*
Preferred Phone:*	Preferred Email:*		
Alternate Phone:	Alternate Email:		
Fax:	Other:		

B. TECHNICAL SKILLS AND SUBJECT MATTER EXPERTISE AREAS

This section captures your specific technical skills and experience related to healthcare and public health emergency management including your expertise with specific disaster issues.

1. Individual Skills

(check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Content review | <input type="checkbox"/> Meeting / group facilitation |
| <input type="checkbox"/> Materials development | <input type="checkbox"/> Teaching / training |
| <input type="checkbox"/> Presenting | <input type="checkbox"/> Other (Please specify): _____ |

2. Clinical Experience

(check all that apply)

- | |
|---|
| <input type="checkbox"/> Clinical service provider experience (Please specify): _____ |
| <input type="checkbox"/> Clinical supervisory experience (Please specify): _____ |
| <input type="checkbox"/> Other (Please specify): _____ |

3. Government Experience

(check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Federal health care / medical | <input type="checkbox"/> Regional health care / medical |
| <input type="checkbox"/> Federal public health | <input type="checkbox"/> Regional public health |
| <input type="checkbox"/> Grant program | <input type="checkbox"/> State health care / medical |
| <input type="checkbox"/> Local health care / medical | <input type="checkbox"/> State public health |
| <input type="checkbox"/> Local public health | <input type="checkbox"/> International deployment / response |
| <input type="checkbox"/> Coalition leadership | |
| <input type="checkbox"/> MRC Unit Leader | |
| <input type="checkbox"/> NDMS team member | |
| <input type="checkbox"/> Other (Please specify): _____ | |

4. Types of Disaster Response Experience (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Earthquake | <input type="checkbox"/> Technological disasters |
| <input type="checkbox"/> Fire | <input type="checkbox"/> Terrorism |
| <input type="checkbox"/> Flood | <input type="checkbox"/> Tornado |
| <input type="checkbox"/> Hurricane | <input type="checkbox"/> Tsunami |
| <input type="checkbox"/> Infectious disease outbreak | <input type="checkbox"/> Mass criminal / violence incident |
| <input type="checkbox"/> Other (Please specify): _____ | |

5. General Areas of Expertise (check all that apply)

- ☐ Active Shooter and Explosives
- ☐ Blood and Blood Products
- ☐ Burns

Communications

- ☐ Communication Systems
- ☐ Information Sharing
- ☐ Risk Communications/Emergency Public Information and Warning
- ☐ Social Media in Emergency Response

- ☐ Crisis Standards of Care (CSC)
- ☐ Cybersecurity

Decontamination

- ☐ Hospital Patient Decontamination
- ☐ Pre-Hospital Patient Decontamination

- ☐ Disasters and At-Risk Populations
- ☐ Electronic Health Records and Downtime Procedures

Emergency Management

- ☐ Emergency Operations Plans/Emergency Management Program
- ☐ Exercise Program
- ☐ Hazard Vulnerability/Risk Assessment
- ☐ Health Care Related Disaster Legal/Regulatory/Federal Policy
- ☐ Incident Management
- ☐ Training and Workforce Development

- ☐ Ethics
- ☐ Family Reunification and Support
- ☐ Fatality Management

Location-Specific Collections

- ☐ Alternate Care Sites (including shelter medical care)
- ☐ Ambulatory Care and Federally Qualified Health Centers (FQHC)
- ☐ Dialysis Centers
- ☐ Homecare and Hospice
- ☐ Long-term Care Facilities
- ☐ Pharmacy
- ☐ Rural Disaster Health
- ☐ Virtual Medical Care/Telehealth

- ☐ Mass Distribution and Dispensing/Administration of Medical Countermeasures (MCM)
- ☐ Mass Gatherings/ Special Events
- ☐ Mental/Behavioral Health (non-responders)
- ☐ National Disaster Medical System (NDMS)
- ☐ Patient Movement, MOCCs, and Tracking
- ☐ Pediatric/Children
- ☐ Populations with Access and Functional Needs
- ☐ Pre-Hospital (e.g., EMS)
- ☐ Pre-Hospital Mass Casualty Triage/Trauma

Recovery and COOP

- ☐ Continuity of Operations (COOP)/ Business Continuity Planning
- ☐ Recovery Planning
- ☐ Responder Safety and Health

Specific Hazards

- ☐ Bioterrorism and High Consequence Biological Threats
- ☐ Chemical Hazards
- ☐ Coronaviruses
- ☐ Ebola/VHF

Health Care Coalitions

- | | |
|---|--|
| <input type="checkbox"/> Coalition Administrative Issues | <input type="checkbox"/> Influenza Epidemic/Pandemic |
| <input type="checkbox"/> Coalition Models and Functions | <input type="checkbox"/> Natural Disasters |
| <input type="checkbox"/> Coalition Response Operations (including Mutual Aid) | <input type="checkbox"/> Radiological and Nuclear |
| | <input type="checkbox"/> Zika |
| <input type="checkbox"/> Health Care Facility Evacuation/Sheltering | <input type="checkbox"/> Utility Failures |
| <input type="checkbox"/> Hospital Surge Capacity and Immediate Bed Availability | <input type="checkbox"/> Veterinary Issues |
| <input type="checkbox"/> Medical Reserve Corps (MRC) | <input type="checkbox"/> Volunteer Management |
| | <input type="checkbox"/> Workplace Violence |
| | <input type="checkbox"/> Other (Please specify): _____ |

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