



INTERNATIONAL ASSOCIATION OF CHRISTIAN CHAPLAINS INC.

Application Form
Board Certification in Pastoral Care

Recent
Photo

Last Name	First Name	Middle Name
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Official Mailing Address

Home Telephone:	E-mail:
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Date of Birth: Month Day Year (Month and Day required. Year Optional)

Social Security (USA): OR	Social Insurance Number (Canada): OR	Government Identification Number (Other countries):
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Work Position:	Institution/Church/Center:
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Field of Service where you are actively providing pastoral care that is consistent with a Christian vocation:

Work Address:

Work Telephone:	Pager Number:	Fax Number:	Mobil Number:
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Current work supervisor's name, address, and phone number:
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(Once you are board certified this supervisor will receive a letter stating your certification unless indicated otherwise)
Faith Group Affiliation: Ordained: Licensed: Commissioned:

By: Place and Date:
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EDUCATION

College:	Degree and Major:	Date Completed:
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Seminary:

Degree and Major:	Date Completed:
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Graduate Study:	Degree and Major:	Date Completed:
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CLINICAL PASTORAL EDUCATION OR PASTORAL COUNSELING TRAINING

Number of CPE Units Completed:

Dates:	Center:	Supervisor:
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MINISTERIAL EXPERIENCE

Church/Institution:	Place and Dates:
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Church/Institution:	Place and Dates:
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Church/Institution:	Place and Dates:
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Have you ever had a felony conviction? Yes: _____ No: _____ If Yes, please attach a brief description of the issue and the action taken
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