Board of Chaplaincy Certification Inc. an affiliate of Association of Professional Chaplains 2800 West Higgins Road, Suite 295 • Hoffman Estates, IL 60169 bcci@professionalchaplains.org • www.professionalchaplains.org/BCCI Phone: 847.240.1014 • Fax: 847.240.1015



APPLICATION FORM FOR MILITARY SPECIALTY CERTIFICATION

NOTE: To qualify for the APC member rate, you must be current with APC membership dues

I am applying for (check one):				
☐ \$395/APC m	nember [\$525/nonmer	nber)		
Please submit of	ne-sided documents	S ONLY.			
• Please <u>no</u> plasti	ic sleeves, binders, s	staples or paper	clips.		
Personal Informat					
Salutation: Mr.		plain Rev.		r 🗌 Brother 🔲 Ima	m Dr. Rev. Dr.
☐ CH (M	AJ)	Deaconess P	astor		
Religious Endorsir	ng Body:				
Applicant's Full Nam	ne:				
Home Address:					
City / State / Zip Cod	de:				
Home Phone Number	er:				
Home E-mail:					
	Date of Birth:	Sex:	Ethnic Group:		
Demographic	/ /	☐ Male	African American	☐ Caucasian	☐ Hispanic
Information (optional)	/ /			_	
		☐ Female	American Indian	Asian	Other
Employer:					
Position:					
Work Address:					
City / State / Zip Cod	de:				
Work Phone Number	er:				
Work Fax Number:					
Work E-mail:					
I prefer to be contac	ted at: Home \lambda	Work			

Recommendation Letters (3)

You are responsible for obtaining the three (3) recommendation letters. You must have three (3) separate recommendation letters from three (3) different individuals. All letters must recommend you for specialty certification by BCCI.

1. Military Chaplain Supervisor's Recommendation Letter

You must submit a letter of recommendation from a military chaplain supervisor (that includes verification that the military experience requirements have been met)

Ν	la	m	е

2. Non-chaplain Military Officer Recommendation Letter

You must submit a letter of recommendation from one (non-chaplain) 04 and above military officer who has served or is serving with you

-	N١	2	m	Δ

3. Endorser Recommendation Letter

Specialty Continuing Education Hours

Name:

List specia	Ity continuing e	education hours received over the past one to three years (must be	50 hours). May also atta	ach an APC
Date	Event Type	m which has been previously submitted.	Sponsoring Organization	HOURS
Date	e.g. workshop, lecture, webinar	Title / Topic	Organization	пооко
			Total	

-	3))	ì	г
		_	-	n	н

Signature	
materials will not be shared by BCCI outside of its processes.	
Commission on Certification and Certification Committee to review as providing false, incomplete or misleading information may result in democratical will not be abared by PCCI outside of its processes.	
I certify that the information in my application materials is accurate an	