

**Board of Chaplaincy Certification Inc.**

an affiliate of Association of Professional Chaplains  
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 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 member ☐ \$525/nonmember)

- **Please submit one-sided documents ONLY.**
- **Please no plastic sleeves, binders, staples or paperclips.**

**Personal Information**

Salutation: ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Chaplain ☐ Rev. ☐ Rabbi ☐ Father ☐ Sister ☐ Brother ☐ Imam ☐ Dr. ☐ Rev. Dr.  
☐ CH (MAJ) ☐ CH (COL) ☐ Deaconess ☐ Pastor

**Religious Endorsing Body:**

Applicant's Full Name:

Home Address:

City / State / Zip Code:

Home Phone Number:

Home E-mail:

<b>Demographic Information</b> (optional)	<b>Date of Birth:</b> / /	<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Ethnic Group:</b> <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Other		
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Employer:

Position:

Work Address:

City / State / Zip Code:

Work Phone Number:

Work Fax Number:

Work E-mail:

I prefer to be contacted at: ☐ Home ☐ Work



**Consent**

I certify that the information in my application materials is accurate and true. I hereby authorize the BCCI office, the Commission on Certification and Certification Committee to review and verify my application materials. I understand that providing false, incomplete or misleading information may result in denial of my application. I understand that my application materials will not be shared by BCCI outside of its processes.



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**Signature**

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**Date**