

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



CHECKLIST FOR ORGANIZATIONAL PARTNERS

IMPORTANT NOTES:

- Candidates must submit a complete file. Application is complete ONLY after all materials are received, all equivalencies (if any) approved and all fees paid. All application materials listed below must be submitted and are not optional.
- Incomplete applications will be mailed back, and BCCI will retain a \$50 administration fee for reviewing and returning incomplete materials. The candidate will have to reapply in the future.
- Submit the current application. Standards are subject to change, and you will be held to the standards in place for the year in which you apply. If your application is outdated, it will be returned to you for resubmission.
- Provide documentation of current endorsement or acceptable language in accordance with your own spiritual/faith tradition (received or reaffirmed within last 12 months). **The letter must be mailed, emailed, or faxed directly to the BCCI office from your spiritual/faith group.** Contact your spiritual/faith group as soon as possible to obtain your letter, as this process can take many months to complete. Spiritual/Faith groups must be recognized by the Department of Defense (Armed Forces Chaplains Board) or previously reviewed and approved by BCCI. If not, contact BCCI regarding a review of the spiritual/faith group.
- **Please submit one-sided documents ONLY.**
- **Please no plastic sleeves, binders, staples or paperclips.**
- **Application form must be typed.**
- Complete application and supporting documents are valid only for one year (12 months) from the date they were received by BCCI.

Items that Must be Submitted by CANDIDATE:

- ☐ Application form
- ☐ Application fee (check made payable to Board of Chaplaincy Certification Inc. or provide credit card information)
- ☐ Copy of certificate from an organizational partner (NAVAC certificates must be dated after 9/21/00)
- ☐ Accountability for Ethical Conduct form

NAVAC applicants must submit the following additional materials:

- ☐ Letter from employer verifying 2,000 hours of work experience as a chaplain
- ☐ ACPE Verification Transcript documenting four units of CPE from an ACPE-accredited program

NACC applicants must submit the following additional materials:

- ☐ Copy of official graduate transcripts
- ☐ Letter from employer verifying 2,000 hours of work experience as a chaplain

ACPE applicants must submit the following additional materials:

- ☐ Four (4) competency essays with cover pages
- ☐ Three recommendation letters from:
 1. Administrator
 2. Board certified chaplain of APC/BCCI, ACPE, CASC, NACC, NAJC or NAVAC
 3. Certified/licensed peer professional (e.g., nurse, doctor, social worker)

Item that Must be Sent Directly to BCCI Office by SPIRITUAL/FAITH GROUP:

- ☐ Documentation of current endorsement or of good standing in accordance with your own spiritual/faith group. **This letter must be mailed, emailed, or faxed directly to the BCCI office from your spiritual/faith group.**

AFTER SUBMISSION OF THE APPLICATION

1. Applications are reviewed in the BCCI office for completeness. The candidate shall be notified by the BCCI office when application materials have been reviewed and are considered complete.
2. Certification will be effective after the commission has approved and the board has ratified the recommendation.
3. Certificates will be awarded at the next APC annual conference (or mailed after the conference, if necessary).

APPLICATION FORM FOR ORGANIZATIONAL PARTNERS

Certification application fee: \$100

NOTE: certification fee does not include APC membership. See [Join APC](#) for information.

I am certified by: (check one):

- ☐ Association for Clinical Pastoral Education (**ACPE**) as a supervisor, associate supervisor
- ☐ Canadian Association for Spiritual Care (**CASC**) as a supervisor or specialist
- ☐ National Association of Catholic Chaplains (**NACC**) as a supervisor, associate supervisor, board certified chaplain
- ☐ Neshama: Association of Jewish Chaplains (**NAJC**) as a board certified chaplain
- ☐ National Association of Veterans Affairs Chaplains (**NAVAC**) as a board certified chaplain

PART 1: ALL APPLICANTS

Personal Information

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

Spiritual/Faith Group:

Applicant's Full Name:

Home Address:

City / State / Zip Code:

Home Phone Number:

Cell Phone Number:

Home E-mail:

Demographic Information (optional but used only for internal reporting)	Date of Birth: / /	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnic Group: <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Other		
--	------------------------------	---	--	--	--

Please select the ONE that best describes your current work setting:

<input type="checkbox"/> Business/Workplace	<input type="checkbox"/> Hospital	<input type="checkbox"/> Hospice	<input type="checkbox"/> Palliative Care	<input type="checkbox"/> School/University	<input type="checkbox"/> VA Medical Facility
<input type="checkbox"/> Corrections	<input type="checkbox"/> Long-term Care	<input type="checkbox"/> Military	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Sports	<input type="checkbox"/> Other
<input type="checkbox"/> Faith Community	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Oncology	<input type="checkbox"/> Rehabilitation Facility	<input type="checkbox"/> Uniformed Services (police/fire/EMT)	

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 (please select only one)

Spiritual/Faith Group Endorsement Letter

1. Letter of Endorsement/Support from Spiritual/Faith Group

Provide documentation of current endorsement or acceptable language in accordance with your own spiritual/faith tradition (received or reaffirmed within last 12 months) by a recognized spiritual/faith group for work as a chaplain. **The letter must be mailed, emailed, or faxed directly to the BCCI office from your spiritual/faith group.**

Spiritual/Faith Group: _____

Endorser's Name: _____

Endorsement Date: _____

Current Certification From Organizational Partner

Submit a copy of certificate from ACPE, CASC, NACC, NAJC or NAVAC.

Note: NAVAC certificate must be dated after September 21, 2000.

I was certified by (name of organizational partner): _____ on (date): ____ / ____ / ____

Accountability for Ethical Conduct

Complete and return the Accountability for Ethical Conduct form.

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.

SIGNATURE: _____

DATE _____

Certificate: I would like my name to appear as follows on my certificate, if recommended for certification (you may include titles and credentials, if you would like):



NACC APPLICANTS ONLY

Education Documentation

Please submit official graduate degree(s) transcripts from institutions accredited by a member of the Council for Higher Education Accreditation (CHEA, www.chea.org).

Graduate:

Degree(s)

Hours Earned:

Any hours earned from CPE?

☐ No

☐ Yes

If Yes, how many?

Work Experience

Please submit a letter from your administrator verifying 2,000 hours of work experience as a chaplain following the completion of four (4) units of CPE and apart from CPE training or residency.

Administrator's Name:

NAVAC APPLICANTS ONLY

Work Experience

Please submit a letter from your administrator verifying 2,000 hours of work experience as a chaplain following the completion of four (4) units of CPE and apart from CPE training or residency.

Administrator's Name:

CASC, NACC, NAJC and NAVAC applicants stop here.

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
 Phone: 847.240.1014 • Fax: 847.240.1015



The following competencies must be addressed in four (4) essays, double spaced, 12-point font, one-inch margins. Essays 1 (ITP), 2 (PIC), and 4 (OL) must be no less than four and no more than six pages in length; Essay 3 (PPS) must be no less than six and no more than eight pages in length. Clearly identify and label each Essay and Competency.

Section I: Integration of Theory and Practice Competencies (Essay 1)

- ☐ ITP1: Articulate an approach to spiritual care, rooted in one's faith/spiritual tradition, that is integrated with a theory of professional practice.
- ☐ ITP2: Incorporate working knowledge of psychological and sociological disciplines & religious beliefs and practices in the provision of spiritual care.
- ☐ ITP3: Incorporate the spiritual and emotional dimensions of human development into one's practice of care.
- ☐ ITP4: Incorporate a working knowledge of different ethical theories appropriate to one's professional context.
- ☐ ITP5: Articulate a conceptual understanding of group dynamics and organizational behavior.
- ☐ ITP6: Articulate how primary research and research literature inform the profession of chaplaincy and one's spiritual care practice.

Section II: Professional Identity and Conduct Competencies (Essay 2)

- ☐ PIC1: Be self-reflective, including identifying one's professional strengths and limitations in the provision of care.
- ☐ PIC2: Articulate ways in which one's feelings, attitudes, values and assumptions affect professional practice.
- ☐ PIC3: Attend to one's own physical, emotional and spiritual well-being.
- ☐ PIC4: Function in a manner that respects the physical, emotional, cultural and spiritual boundaries of others.
- ☐ PIC5: Use one's professional authority as a spiritual care provider appropriately.
- ☐ PIC6: Advocate for the persons in one's care.
- ☐ PIC7: Function within the APC Common Code of Ethics.
- ☐ PIC8: Communicate effectively orally and in writing.
- ☐ PIC9: Present oneself in a manner that reflects professional behavior, including appropriate attire and grooming.

Section III: Professional Practice Skills Competencies (Essay 3)

- ☐ PPS1: Establish, deepen and conclude professional spiritual care relationships with sensitivity, openness and respect.
- ☐ PPS2: Provide effective spiritual support that contributes to well-being of the care recipients, their families and staff.
- ☐ PPS3: Provide spiritual care that respects diversity and differences including, but not limited to culture, gender, sexual orientation and spiritual/religious practices.
- ☐ PPS4: Triage and manage crises in the practice of spiritual care.
- ☐ PPS5: Provide spiritual care to persons experiencing loss and grief.
- ☐ PPS6: Provide religious/spiritual resources appropriate to the care recipients, families and staff.
- ☐ PPS7: Develop, coordinate and facilitate public worship/spiritual practices appropriate to diverse settings and needs.
- ☐ PPS8: Facilitate theological/spiritual reflection for those in one's care practice.
- ☐ PPS9: Facilitate group processes, such as family meetings, post trauma, staff debriefing and support groups.
- ☐ PPS10: Formulate and utilize spiritual assessments, interventions, outcomes and care plans in order to contribute effectively to the well-being of the person receiving care.
- ☐ PPS11: Document one's spiritual care effectively in the appropriate records.

Section IV: Organizational Leadership Competencies (Essay 4)

- ☐ OL1: Promote the integration of spiritual care into the life and service of the institution in which one functions.
- ☐ OL2: Establish and maintain professional and interdisciplinary relationships.
- ☐ OL3: Understand and function within the institutional culture and systems, including utilizing business principles and practices appropriate to one's role in the organization.
- ☐ OL4: Promote, facilitate and support ethical decision-making in one's workplace.
- ☐ OL5: Foster a collaborative relationship with community clergy and faith group leaders.

To pay with a credit card, please use the section below.

- ☐ Association for Clinical Pastoral Education (**ACPE**) as a supervisor, associate supervisor
- ☐ Canadian Association for Spiritual Care (**CASC**) as a supervisor or specialist
- ☐ National Association of Catholic Chaplains (**NACC**) as a supervisor, associate supervisor, board certified chaplain
- ☐ Neshama: Association of Jewish Chaplains (**NAJC**) as a board certified chaplain
- ☐ National Association of Veterans Affairs Chaplains (**NAVAC**) as a board certified chaplain

<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMEX
Amount: \$			
Card Number:			
Security Code:			
Exp. Date:			
Billing Name:			
Billing Address:			