

Board of Chaplaincy Certification Inc.

an affiliate of Association of Professional Chaplains
 2800 West Higgins Road, Suite 295 • Hoffman Estates, IL 60169
 bcci@apchaplains.org • www.apchaplains.org/bcci-site/
 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 If your application is outdated, it will be returned to you for resubmission.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.**
- Your complete application and supporting documents are only valid 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 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: **\$125**

NOTE: certification fee does not include APC membership. See apchaplains.org/join for information.



I am certified by: (check one):

- ☐ Association for Clinical Pastoral Education (**ACPE**) as a supervisor or 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, 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		
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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 on page 7.

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.

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**ACPE APPLICANTS ONLY**

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 or 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:			

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ACCOUNTABILITY FOR ETHICAL CONDUCT

Please read carefully and complete Sections I or II.

Section I: I certify that (a) no complaint against me for unethical conduct has been filed, is pending, or has been settled in a civil, criminal, ecclesiastical, employment or another professional organization's forum; and (b) I have never resigned, been terminated nor negotiated a settlement from a position for reasons related to unethical conduct.

SIGNATURE: _____

DATE: _____

Section II: If the above cannot be certified, provide an account of the complaint including the forum, charges, and final outcome. Provide contact information for people involved in the process, whom you authorize to give full information to APC/BCCI representatives. Each situation will be evaluated on its own merits by the accountability review panel. Prior complaints are not an automatic bar to membership or certification. Information obtained will not be sent to the certification committee. BCCI has the right to accept or deny an applicant according to the judgment of the accountability review panel, regardless of previous complaints, other forum's findings, or the applicant's subsequent remedial actions. If denied, the applicant may resubmit an application at a later time. Decisions are final and binding. (Attaching additional pages is encouraged.)

Please read carefully and sign Section III.

Section III: I understand that as a condition of certification by BCCI and membership in the Association of Professional Chaplains, I will provide to the association timely notice of any complaint of unethical conduct filed against me ([APC Code of Ethics](#), Standard 130.34). I agree to provide to the APC Commission on Professional Ethics in a timely fashion the information it requests regarding the investigation, adjudication, dismissal or settlement of such complaint. Failure to report or provide accurate, full and truthful information may be grounds for discipline including removal of membership in the Association of Professional Chaplains and removal of BCCI certification.

SIGNATURE: _____

DATE: _____

PRINTED NAME: _____