

Board of Chaplaincy Certification Inc.

an affiliate of Association of Professional Chaplains
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CHECKLIST FOR REGULAR APPLICANTS

(board certified & provisional board certified chaplain and associate certified & provisional associate certified chaplain)

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 If your application is outdated, it will be returned to you for resubmission.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 of good standing in accordance with your own faith tradition (received or reaffirmed within last 12 months). **The letter must be mailed directly to the BCCI office.** Contact your faith group as soon as possible to obtain your letter, as this process can take many months to complete. 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 faith group.
- **Please submit one-sided documents ONLY.**
- **Please no plastic sleeves, binders, staples or paperclips.**
- 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)
- ☐ Official undergraduate degree transcripts **or** equivalency materials
- ☐ Official graduate degree(s) transcripts **or** equivalency materials
- ☐ Letter from employer to verify 2,000 hours of work experience as a chaplain **or** equivalency materials
(This item does not apply to candidates seeking provisional certification.)
- ☐ Recommendation letter from administrator
- ☐ Recommendation letter from board certified chaplain of APC/BCCI, ACPE, CASC, NACC, NAJC or NAVAC
- ☐ Recommendation letter from another board certified chaplain of APC/BCCI, ACPE, CASC, NACC, NAJC, NAVAC **or** a certified/licensed peer professional like a nurse, a doctor, or a social worker
- ☐ CPE supervisor final evaluations and corresponding self-evaluations, **or** equivalency materials
Board certified chaplain & provisional board certified chaplain candidates must include four (4) supervisor and four (4) corresponding self-evaluations; associate certified chaplain & provisional associate certified chaplain candidates must include two (2) supervisor and two (2) corresponding self evaluations
- ☐ Two (2) verbatims with cover pages
- ☐ Autobiography
- ☐ Four (4) competency essays with cover pages
- ☐ Accountability for Ethical Conduct form
- ☐ Final Disposition of Application Materials form

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

- ☐ Documentation of current endorsement or of good standing in accordance with your own faith tradition.

APPLICATION FORM FOR REGULAR APPLICANTS

Complete ALL sections of application form.

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

I am applying for (check one):

- ☐ **board certified chaplain** (\$325/APC member, \$475/nonmember)
- ☐ **provisional board certified chaplain** (\$325/APC member, \$475/nonmember)
- ☐ **associate certified chaplain** (\$325/APC member, \$475/nonmember)
- ☐ **provisional associate certified chaplain** (\$325/APC member, \$475/nonmember)
- ☐ **current associate certified chaplain applying for board certified chaplain** (\$225/APC member, \$375/nonmember)

Personal Information

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

Faith Group

Applicant's Full Name:

Home Address:

City / State / Zip Code:

Home 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"/> American Indian <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)

Education Documentation

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

- ☐ **I have completed 72 graduate school semester credits** (board certified and provisional board certified chaplain)
- ☐ **I have completed 48 graduate school semester credits** (associate certified and provisional associate certified chaplain)
- ☐ **I am requesting an education equivalency** (my school is not accredited by a member of CHEA, my degree is from a foreign country or my graduate degree(s) do not meet the required number of semester credits)

Undergraduate:

Degree/Major:

Graduate:

Degree(s)

Hours Earned:

Any hours earned from CPE?

☐ No

☐ Yes

If Yes, how many?

Work Experience

- ☐ **I am submitting a letter from my administrator verifying 2,000 hours of work experience as a chaplain** (board certified chaplain & associate certified chaplain)
- ☐ **I am requesting an equivalency for 2,000 hours of work experience.**
Work Experience Equivalency Worksheet attached (board certified chaplain & associate certified chaplain)
- ☐ **I am applying for provisional board certified chaplain or provisional associate certified chaplain**

Faith Group Endorsement Letter

1. Letter of Endorsement/Support from Faith Group

Provide documentation of current endorsement or of good standing in accordance with your own faith tradition (received or reaffirmed within last 12 months) by a recognized religious faith group for work as a chaplain. **The letter must be mailed directly to the BCCI office.**

Faith Group

Endorser's Name:

Endorsement Date:

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 certification by BCCI.

1. Administrator's Recommendation Letter

You must submit a letter of recommendation from the administrator who evaluates your pastoral, administrative, and/or clinical competence. The administrator must identify him/herself as your current supervisor. **If your administrator was one of your CPE supervisors listed on this application, you should request an Administrator Letter from another person you report to who has responsibility for and knowledge of your work as a chaplain (e.g., a nurse manager or HR manager.)**

Name: _____

2. Board Certified Chaplain Recommendation Letter

You must submit a letter of recommendation from a chaplain who is certified by one of the organizations listed below.

Select the group with which the chaplain is certified: ☐ APC/BCCI ☐ ACPE ☐ CASC ☐ NACC ☐ NAJC ☐ NAVAC

Name: _____

3. Board Certified Chaplain OR Certified/Licensed Peer Professional Recommendation Letter

Candidate must submit a letter from another ☐ board certified chaplain **or** from a ☐ certified/licensed peer professional, other than a non-certified chaplain, (e.g., nurse, doctor, social worker) with whom the candidate has a working relationship.

Name: _____

Clinical Pastoral Education (CPE) Evaluations

List in chronological order your most recent successfully completed units of CPE and submit the Supervisor's Final Evaluation. Please do not submit CPE SIT evaluations.

Note: Only one unit of properly accredited CPE used to meet the graduate school semester credits requirement under "Education Documentation" can be used again in this section.

- ☐ **Completed four (4) units of CPE** (board certified chaplain, provisional board certified chaplain)
☐ **Completed two (2) units of CPE** (associate certified chaplain, provisional associate certified chaplain)

CPE Center	Accredited by	Unit	CPE Supervisor	Dates
				/ / - / /
				/ / - / /
				/ / - / /
				/ / - / /

- ☐ I am requesting **CPE Equivalency** because unit(s) were not taken at an accredited CPE center. Clinical Pastoral Education Equivalency Worksheet attached.
- ☐ I am **missing** one or more of the **Supervisor's Evaluations** and/or corresponding **Self-Evaluations** for the units listed above. Written Recollection of CPE Final Evaluation(s) Form attached.

Accountability for Ethical Conduct

Complete and return the Accountability for Ethical Conduct form.

Final Disposition of Materials / Contact Release Form

Complete and return the Final Disposition of Materials / Contact Information Release Form with application materials.

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):



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

- ☐ **board certified chaplain** (\$325/APC member, \$475/nonmember)
- ☐ **provisional board certified chaplain** (\$325/APC member, \$475/nonmember)
- ☐ **associate certified chaplain** (\$325/APC member, \$475/nonmember)
- ☐ **provisional associate certified chaplain** (\$325/APC member, \$475/nonmember)
- ☐ **current associate certified chaplain applying for board certified chaplain** (\$225/APC member, \$375/nonmember)

<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:			