

Board of Chaplaincy Certification Inc.

an affiliate of Association of Professional Chaplains

2800 West Higgins Road, Suite 295 • Hoffman Estates, IL 60169

bccci@professionalchaplains.org • www.professionalchaplains.org/BCCI

Phone: 847.240.1014 • Fax: 847.240.1015

**APPLICATION FORM FOR SPECIALTY CERTIFICATION**

Complete ALL sections of application form and submit in duplicate; otherwise a \$10 administrative fee will be assessed.

NOTE: To qualify for the APC member rate, you must be current with APC membership dues**I am applying for (check one):**☐ **hospice and palliative care specialty certification** (\$395/APC member, \$525/nonmember)**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:

Demographic Information (optional)	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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Chaplaincy Setting Category: ☐ Business/workplace ☐ Corrections ☐ Faith community ☐ Hospice ☐ Hospital
☐ Long-term Care ☐ Mental Health ☐ Military ☐ Oncology ☐ Palliative Care ☐ Pediatrics ☐ Rehabilitation Facility
☐ School/University ☐ Sports ☐ Uniformed Services (police/fire/EMT) ☐ VA Medical Facility

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

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(print name)
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(title)

(signature)

(date)

Recommendation Letters (3)

1. Supervisor's Recommendation Letter

Name:

2. Team Member Recommendation Letter

Name:

3. Team Member Recommendation Letter

Name:

Specialty Continuing Education Hours

List specialty continuing education hours received over the past two years (must be 15 hours or more each year).

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Date _____