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



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)

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Applicant's Full Nan	ne:				
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Demographic Information	/ /	☐ Male	☐ African American	☐ Caucasian	Hispanic
(optional)		☐ Female	☐ American Indian	☐ Asian	☐ Other
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Final Disposition of Materials / Contact Release Form

Signature

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

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receiting that the information in my application materials is accurate and true. Thereby authorize the Boot 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.

Date

BCCI • 2800 W. Higgins Rd. Suite 29	95 • Hoffman Estates, II, 60169 • Tel 847,240,101	4 • Fax 847.240.1015 • www.professionalchaplains.org/BCCI