

**Board of Chaplaincy Certification Inc.**

an affiliate of Association of Professional Chaplains  
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 Phone: 847.240.1014 • Fax: 847.240.1015



## CHECKLIST FOR SUBSEQUENT APPEARANCE

**IMPORTANT NOTES:**

- Candidates must submit a complete file. Application is complete **ONLY** after all materials are received 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.
- **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 with current information
- ☐ Application fee (check made payable to Board of Chaplaincy Certification Inc. or credit card information)
- ☐ Cover letter requesting a subsequent appearance. The candidate must demonstrate that the requirements of faith group endorsement, employment, etc., are still met and in effect. Any changes in the applicant's endorsement, employment or other significant areas should be described in the letter.
- ☐ Previous Presenter's Report
- ☐ Previous BCCI Committee Interview Form
- ☐ Essay addressing any competencies marked as unmet by previous BCCI committee. **Please note: your previous application materials are not sent to the new committee. The only materials sent are what you submit at this time.**
- ☐ Updated autobiography
- ☐ Chaplain Clinical Contact with cover sheet demonstrating one or more of missed competencies. **Must** be a new Contact written within 12 months of subsequent appearance notification.

The candidate must complete the requirements and application process for reappearance within two years of the initial ratification date. After two years, the candidate must completely reapply.

# APPLICATION FORM FOR SUBSEQUENT APPEARANCE

Complete ALL sections of application form.

## I am applying for (check one):

- ☐ subsequent appearance for Board Certified Chaplain (\$225 member / \$375 non-member)
- ☐ subsequent appearance for Provisional Board Certified Chaplain (\$225 member / \$375 non-member)
- ☐ subsequent appearance for Associate Certified Chaplain (\$225 member / \$375 non-member)
- ☐ subsequent appearance for Provisional Associate Certified Chaplain (\$225 member / \$375 non-member)

### 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:

<b>Demographic Information</b> (optional but used only for internal reporting)	<b>Date of Birth:</b> / /	<b>Sex:</b> <input type="checkbox"/> Male	<b>Ethnic Group:</b>		
		<input type="checkbox"/> Female	<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

### 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)

### Faith Group Endorsement Letter

**You are responsible for obtaining a current endorsement letter ONLY if you changed faith group after your original application was submitted.**

#### 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, emailed, or faxed directly to the BCCI office from your faith group.**

Faith Group: \_\_\_\_\_

Endorser's Name: \_\_\_\_\_

Endorsement Date: \_\_\_\_\_

### Recommendation Letter

**You are responsible for obtaining a current recommendation letter ONLY if you changed employment after your original application was submitted.**

#### 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: \_\_\_\_\_

### 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.

- ☐ subsequent appearance for Board Certified Chaplain (\$225 member / \$375 non-member)
- ☐ subsequent appearance for Provisional Board Certified Chaplain (\$225 member / \$375 non-member)
- ☐ subsequent appearance for Associate Certified Chaplain (\$225 member / \$375 non-member)
- ☐ subsequent appearance for Provisional Associate Certified Chaplain (\$225 member / \$375 non-member)

<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: