



CPE Equivalency Form for BCC Applicants

CPE Equivalency is a process by which an Applicant seeking Board Certification (BCC, BCC-VA) may be granted an Equivalency for one unit of CPE (Qualification 301.QUA4, 801.QUA4) providing the Applicant demonstrates that an educational program, acquired in a way other than through a traditional unit of CPE, successfully meets the NACC Qualifications and Competencies.

An equivalency must be attained through formal academic and/or accredited programs, which are educational, experiential, and supervised. The CPE Equivalency Panel of the Certification Commission decides whether a CPE equivalency request is granted or denied. CPE Equivalency may not be utilized by an Applicant seeking certification as an Associate Chaplain.

Prerequisites and Criteria

- Applicant must have taken at least one full unit of CPE, with accreditation from ACPE, USCCB or CASC/ACSS, prior to applying for equivalency for one of the other three required units.
- Applicant must have participated in a single learning experience (not a combination of several experiences) that contains all the following:
 - The practice of ministry to persons.
 - An adult education, action-reflection model of learning that helps students evaluate their personal and pastoral functioning through case conferences, worship, didactics, spiritual assessments, theological reflection, and group process.
 - A specific time period which consists of at least 400 hours of supervised learning. At least 200 of these hours involve the actual practice of ministry and at least 100 hours involve group work, reflection, and didactics on the practice of ministry.
 - A small group of peers (3-8) in a common learning experience.
 - Regular supervisor-directed peer group meetings for the purpose of facilitating learning through interpersonal dynamics and fostering leadership. Students demonstrate leadership in utilizing peer groups for interaction, support, clarification, and confrontation as a means of integrating their personal and pastoral identity.
 - Pastoral supervision.
 - Theological Reflection on ministry that articulates a pastoral theology that is both contemporary and functional.
 - An individual contract for learning developed in dialogue with the supervisor that addresses Integration of Theory and Practice, Professional Identity and Conduct, Professional Practice Skills and Organizational Leadership and criteria for measuring this learning.
 - An evaluation of the student's experience, including final evaluations by both student and supervisor.

Application Components and Process

- Complete this application form.
- Provide documentation of previous unit(s) of CPE:



- A written narrative that articulates how the experience (one program) parallels the above requirements with specific examples.
- Documentation of written assignments and didactic sessions that illustrate the curriculum. Specify amount of time for each didactic, other group work, and the practice of ministry.
- A copy of the learning contract negotiated with the Supervisor.
- Final evaluation(s) by the Supervisor signed and dated at the end of the program.
- Final evaluation(s) by the Applicant signed and dated at the end of the program.

Once all the materials are gathered and completed, the Applicant submits all application components through the online portal on the NACC website. As part of the application submission process, the Applicant is prompted to pay the \$50 Application fee.

Please continue to the next page to complete the application form.



Please type your answers right into the form.

Personal Information			
Membership No:			
Title:			
Full Name:			
Street Address:			
City, State, ZIP:			
Primary Email:			
Alternate Email:			
Home Number:		Cell Number:	

Letter requesting CPE Equivalency
[type request here]

Resume of Earned CPE Units

Unit 1			
Program (Name, City, State):			
Dates (M/YYYY – M/YYYY):			
Supervisor Name:			
Accredited By:	<input type="checkbox"/> ACPE <input type="checkbox"/> USCCB	<input type="checkbox"/> CASC <input type="checkbox"/> Other (please specify):	

Unit 2			
Program (Name, City, State):			
Dates (M/YYYY – M/YYYY):			
Supervisor Name:			
Accredited By:	<input type="checkbox"/> ACPE <input type="checkbox"/> USCCB	<input type="checkbox"/> CASC <input type="checkbox"/> Other (please specify):	

**Unit 3**

Program (Name, City, State):		
Dates (M/YYYY – M/YYYY):		
Supervisor Name:		
Accredited By:	<input type="checkbox"/> ACPE <input type="checkbox"/> USCCB	<input type="checkbox"/> CASC <input type="checkbox"/> Other (please specify):

Declaration of Original Signature

I declare that the information I have provided in this application is true to the best of my knowledge. I understand that any false, misleading, or missing information may delay the process or disqualify me from entering or completing the CPE equivalency process.

Applicant Signature (double click to sign or print and sign manually.)	<div>X</div> <hr/>
Date:	