



Application for Initial Certification

Resume of Education and Experience

Please type in your answers below. Handwritten forms will not be accepted. When completed, save the file as PDF and update the file name to include your last name and first name (i.e., 1-InitialCertificationApplication-Smith-John.PDF).

Personal Information

| | | | |
|---|--|---------------|---|
| Membership No: | | Applying for: | <input type="checkbox"/> BCC <input type="checkbox"/> BCC-VA <input type="checkbox"/> CAC |
| Full Name: | (Title First Last, Religious Initials, if applicable) | | |
| Have you ever been interviewed for certification with the NACC? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, please provide the date of the interview: | | | |
| Did you utilize the services of a mentor to help you prepare? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, please provide the name of your mentor: | | | |

Undergraduate and Graduate Education (Most Recent First)

| College/Seminary Name and School City, State | Dates (From – To) | Degree |
|---|-------------------|--------|
| | | |
| | | |
| | | |
| [Right-click to insert more rows below] | | |

Other Pertinent Educational Experiences

| |
|---|
| |
| |
| [Right-click to insert more rows below] |

Current Employer (if currently employed)

| | |
|-------------------|--|
| Workplace: | |
| Address: | |
| City, State, Zip: | |
| Title: | |
| Department: | |

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): | <input type="checkbox"/> Mark an X if you included this Unit's evaluations in your application packet. |

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): | <input type="checkbox"/> Mark an X if you included this Unit's evaluations in your application packet. |

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): | <input type="checkbox"/> Mark an X if you included this Unit's evaluations in your application packet. |

Unit 4

| | | | |
|---------------------------------|---|---|--|
| 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): | <input type="checkbox"/> Mark an X if you included this Unit's evaluations in your application packet. |

Unit 5 (if applicable)

| | | | |
|---------------------------------|---|---|--|
| 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): | <input type="checkbox"/> Mark an X if you included this Unit's evaluations in your application packet. |

Unit 6 (If applicable)

| | | | |
|---------------------------------|--|--|--|
| 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): | <input type="checkbox"/> Mark an X if you included this Unit's evaluations in your application packet. |
|----------------|---|---|--|

Resume of Ministerial Background

Most recent first.

| | | | |
|-------------------|-------|-----|--|
| Institution: | | | |
| Address: | | | |
| City, State, Zip: | | | |
| Position: | | | |
| Dates | From: | To: | |

| | | | |
|-------------------|-------|-----|--|
| Institution: | | | |
| Address: | | | |
| City, State, Zip: | | | |
| Position: | | | |
| Dates | From: | To: | |

| | | | |
|-------------------|-------|-----|--|
| Institution: | | | |
| Address: | | | |
| City, State, Zip: | | | |
| Position: | | | |
| Dates | From: | To: | |

| | | | |
|-------------------|-------|-----|--|
| Institution: | | | |
| Address: | | | |
| City, State, Zip: | | | |
| Position: | | | |
| Dates | From: | To: | |

By checking this, 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 disqualify or delay me from entering or completing the certification process.

Double click in the signature field to sign the document:

X

Name