



Dear Christian Counseling Colleague:

Thank you for your interest in applying to the **Board of Christian Professional and Pastoral Counselors** (BCPPC) for your credential as a **Board Certified** member of our organization. The BCPPC is affiliated with the nearly 50,000-member American Association of Christian Counselors and is currently open to all mental health professionals, pastors, chaplains, para-professionals, lay counselors, and ministry leaders who identify themselves as Christian caregivers.

Our mission is to serve Christian counselors throughout the world in taking positive and tangible steps to further develop the emerging profession of Christian counseling. Our vision is to create and maintain a viable and comprehensive **Christian Care Network** as a resource for those who are hurting. The Christian Care Network consists of individuals who have been properly credentialed through the BCPPC and are active members of the AACC.

The BCPPC offers its members and the Christian counseling community the following benefits:

1. **National Credentials** – We will deliver a fair, clinically-rigorous, biblically-based, and voluntary national credential in Christian counseling that utilizes a systematic and thorough evaluation process.
2. **Ethics** – We will continue to embrace and advance the AACC **Christian Counseling Code of Ethics** while promoting Christian counseling in a manner that not only maintains a high ethical standard of care, but also honors the sacred trust that God has given to each of us.
3. **Advocacy** – We will advocate both the profession and the ministry of Christian counseling to the Body of Christ, our sister professions, at the state and national level, with third party payers and managed care organizations, and within the communities where we live and work.

#### ***Four Credentials Available***

Currently, the BCPPC offers **four national credentials** in Christian Counseling, two of which are in the **Licensure/Professional Track** (Professional Christian Counselor & Christian Counselor) and two of which are in the **Pastoral/Ministry Track** (Pastoral Counselor & Biblical Counselor).

**BCPCC** – ***Board Certified Professional Christian Counselor*** – This credential is for ***mental health professionals*** with a master’s or doctoral level license in counseling or a related field, who are approved to ***fully function as independent practitioners***, and who also identify and practice as Christian caregivers. This includes licensed psychologists, professional counselors, mental health counselors, marriage & family therapists, clinical social workers, licensed substance abuse providers, clinical nurse specialists/practitioners, and psychiatrists.

**BCCC** – ***Board Certified Christian Counselor*** – This credential is for ***non-licensed, pre-licensed, or restricted-licensed*** Christian caregivers with a master’s or doctorate degree in counseling or a related field. This includes those who have a registration, certification, or state sanction in allied professional, counseling, and teaching roles. Examples include academics, physicians, lawyers, school counselors, rehabilitation specialists, nurse practitioners, and pre-licensed interns and residents.

**BCPC** – ***Board Certified Pastoral Counselor*** – This credential is for ***ordained*** pastors, chaplains, associate church staff, and pastoral counselors with a ***minimum of a bachelor’s degree*** and who are engaged in significant counseling/caregiving ministry in church, para-church settings, Bible colleges & seminaries, and pastoral counseling agencies. Here also would be pastoral counselors with state sanction, national certification, and/or religious licensure.

**BCBC** – ***Board Certified Biblical Counselor*** – This credential includes those who either have a bachelor or associate degree with a minimum of ***90 hours*** of Christian counseling related education/training, or for un-degreed, but advanced lay caregivers/ministry leaders who have completed a minimum of ***150 hours*** of appropriate education/training. Examples include small group facilitators, hospice workers, registered nurses, bachelor level social workers, substance abuse counselors, group home workers, and the like.

Please review the application carefully, as well as the specific requirements for each of the four available credentials. The BCPPC’s integrated matrix of core credentials and future specialty designations provides a wonderful opportunity to join thousands of your colleagues as a collective voice on behalf of Christian counseling worldwide.

On behalf of the entire BCPPC team, thank you for considering the BCPPC and may God bless you in all your counseling work and related ministry.

In His Service Together,



Kenneth W. Nichols, Psy.D., BCCC  
BCPPC Executive Director

# 2010 BCPPC APPLICATION CHECKLIST

## The Application Packet should have the following documents:

- Cover Letter (*retain for your own records*)
- BCPPC Credential Benefits List (*retain for your own records*)
- BCPPC Credential Cost/Dues List (*retain for your own records*)
- AACC Doctrinal Statement (*retain for your own records*)
- BCPPC Definition on 21<sup>st</sup>-Century Christian Counseling (*retain for your own records*)
- AACC Christian Counseling Code of Ethics (downloadable at the following web link: <http://aacc.net/about-us/code-of-ethics/>). (*retain for your own records*)
- BCPPC Continuing Education Guidelines (*retain for your own records*)
- BCPPC Credential Descriptions and Requirements
- BCPPC Applicant Attestation Form
- BCPPC Application Form
- BCPPC Applicant Agreement Form
- BCPPC Reference Forms (Professional/Collegial, Personal, and Pastoral)
- BCPPC Preferred Name and Credentials Title Form

## Before returning the completed application packet, please be sure to include the following:

- Completed and signed BCPPC Applicant Attestation Form
- Completed and signed BCPPC Application Form
- Completed and signed BCPPC Applicant Agreement Form
- Original copies of the 3 required Reference Forms (should be sealed & signed on the back flap)
- A copy of your current resume
- All required, supportive, and/or explanatory documentation (copies of licenses, diplomas, ordination papers, liability insurance coverage, certifications, integration contact hours, etc.). Please **do not send** CDs, books, or other materials that are not required.
- Preferred Name and Credentials Title Form
- A valid check or money order for the required fee

*Please make a photocopy of all completed forms and keep for your records.*

*Please send your completed application with this checklist and all required supporting documentation and enclosed forms to:*

**BCPPC  
c/o Administrative Coordinator  
P.O. Box 739  
Forest, Virginia 24551**

# BCPPC CREDENTIAL COST AND DUES

The BCPPC is charged with becoming financially self-sufficient as well as keeping costs for credential holders as low as possible. The BCPPC must therefore rely on credentialing fees to cover its operating, consulting, research, and advocacy/defense missions. Even so, the following fees are substantially less than comparable national certification groups. Annual fees for both BCPPC and AACC membership are less than the cost of most other professional association fees without a national credential.

The *Christian Care Network*, as it had formerly been structured, is no longer considered as a separate member division of the AACC (such as the Society of Christian Psychology, the Biblical Counseling & Spiritual Formation Network, the Black African-American Christian Counselors, etc.). It now represents that group of Christian mental health professionals, counselors, and lay helpers who have been properly credentialed through the BCPPC and included as part of our organizational resource and directory lists to the general public. Our goal is to create a truly comprehensive *Christian Care Network* that integrates the entire continuum of counseling services and ministries, from professional practitioners to those individuals who provide lay helping such as support group resources, mentoring, mediation, and life coaching.

**Please Note:** BCPPC credential holders, who wish to be part of the American Association of Christian Counselors comprehensive *Christian Care Network*, *must also be* members, in good standing, with the AACC.

<u>Credential</u>	<u>Initial Application Fee</u>	<u>Biennial (every 2 years) Renewal Fee</u>
BCPCC	\$200.00	\$150.00
BCCC	\$200.00	\$150.00
BCPC	\$200.00	\$150.00
BCBC	\$200.00	\$150.00

**Please Note:** \$50.00 of the application fee is *non-refundable* once the application packet has been received by the BCPPC. This to cover administrative costs in the event an applicant is not awarded the credential he/she is applying for or when a request is made to stop the credentialing process and a refund is issued.

**Cost to upgrade to another credential** – \$50.00

**Cost for a second credential** (available as BCPCC & BCPC or BCCC & BCPC) – \$75.00

**Cost for a duplicate/replacement copy of credential certificate** – \$25.00

**Specialty designations** – \$35.00 per specialty for all credential holders

# BCPPC CREDENTIAL DESCRIPTIONS, REQUIREMENTS, AND DEFINITIONS

Everyone who applies for a credential with the BCPPC *must specify* the appropriate level of credentialing that he/she is seeking. Currently, the BCPPC offers *four national credentials* in Christian Counseling, *two* of which are in the *Licensure/Professional Track* (Professional Christian Counselor & Christian Counselor) and *two* of which are in the *Pastoral/Ministry Track* (Pastoral Counselor & Biblical Counselor). Individuals, who meet the requirements for any given credential, may also be eligible to receive more than one designation and can request consideration when submitting the application packet. This includes *the following two combinations*: BCPC and BCPC or BCCC and BCPC.

## Definitions (as used in the BCPPC Application)

**Regional & National Accreditation** – This refers to a term used in the United States to describe the process whereby one of six accrediting bodies, each serving a specific geographic region, accredits schools, colleges, and universities. This includes the New England Association of Schools and Colleges (NEASC), the North Central Association Commission on Accreditation and School Improvement (NCA), the Middle States Association of Schools and Colleges (MSA), the Southern Association of Schools and Colleges (SACS), the Western Association of Schools and Colleges (WASC), and the Northwest Association of Schools and Colleges (NWCCU). These regional agencies are recognized by both the United States Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA).

You may check your school's status by searching the United States Department of Education database (<http://ope.ed.gov/accreditation/Search.aspx>) or the Council for Higher Education Accreditation database (<http://www.chea.org/search/default.asp>). Regionally accredited schools are predominantly academically oriented, non-profit institutions.

The USDE and the CHEA also recognizes other *national* accrediting bodies such as the Distance Education Training Counsel (DETC), the Association for Biblical Higher Education (ABHA), the Association of Theological Schools (ATS), and the Transnational Association of Christian Colleges and Schools (TRACS).

**Substantially Equivalent Accreditation** – Other schools are *nationally* accredited and while it may be difficult, in some cases, to transfer credits (or an earned degree) to a regionally accredited institution because of potentially lower academic standards, they often undergo an identical or clearly parallel process in order to become officially recognized. Common to both regional and national accrediting bodies, is a very rigorous approval process that includes: a comprehensive application, a lengthy review of the school's program and educational delivery methods, no excessive credit for life experience (greater than 20-25%) or fast-track learning where degrees can be awarded in a matter of weeks/several months, an on-site visit by an accrediting team, and ongoing oversight of the academic program. One distinguishing factor for both regionally and nationally accredited schools is that they are automatically eligible to participate in Title IV federal student financial assistance programs.

**Continuing Education** – This is an all encompassing term that applies to obtaining *contact hours* across a broad spectrum of post-secondary (beyond high school) learning activities and programs. Some examples include degree credit courses, non-degree career training, self-directed learning, experiential learning, seminars, workshops, conference presentations, and classroom lectures. The method and format of delivery may be face-to-face, distance/online learning, printed texts/workbooks, the use of videotaped/CD/DVD material, etc.

I (*please print*) \_\_\_\_\_ believe that I currently meet all the requirements for the following BCPPC core credential(s) as indicated by the box(es) that have been checked below. Therefore, I am submitting my formal application for consideration by the BCPPC Credentialing Committee, including all necessary and supportive documentation that is requested.

Revised 1/10

## Licensure/Professional Track

### ❑ BCPCC – Board Certified Professional Christian Counselor

#### **Basic Requirements:**

- An earned master's or doctorate degree in counseling or a related mental health field from a regionally or nationally accredited college or university.
- Have a *master's or doctoral level license* issued by one of the 50 states, territories, or Canadian provinces, as a *fully independent* mental health practitioner (not requiring any clinical supervision). This refers to licensed psychologists, professional counselors, mental health counselors, marriage & family therapists, clinical social workers, clinical nurse specialists/practitioners, substance abuse providers, and psychiatrists.
- *Identify* and *practice* as a Christian caregiver. This refers to independently licensed mental health professionals who incorporate biblical principles and counseling skills with clinical theory, knowledge, and practice.
- A minimum of **60 contact hours/CEs** related to the incorporation of biblical principles and counseling skills with clinical theory, knowledge, and practice.
- Once the credential is awarded, maintain at least **20 CEs** (10 hours per year) related to the incorporation of biblical principles and counseling skills with clinical theory, knowledge, and practice on a biennial basis (every two years).

#### **Additional Supportive Documentation Needed:**

- Copy of earned degree(s).
- Copy of current, valid, and unencumbered professional license(s) to practice as a mental health professional.
- Copy of current liability insurance certificate showing both expiration date and coverage for a minimum of \$1 million per occurrence and \$3 million aggregate.
- Contact hour/CE-related documentation that demonstrates the education/training incorporated biblical principles and counseling skills with clinical theory, knowledge, and practice.

### ❑ BCCC – Board Certified Christian Counselor

#### **Basic Requirements:**

- An earned master's or doctorate degree in counseling or a related mental health field from a regionally or nationally accredited college or university **OR** those with an earned bachelor's degree meeting the same criteria above may qualify **IF** they also hold a valid and current mental health license or certification to practice at the state level.
- *Identify* and *practice* as a Christian caregiver. This refers to non-licensed, pre-licensed, or restricted-licensed individuals who have a registration, certification, or state sanction of some kind in allied professional, counseling, and/or teaching roles and who incorporate biblical principles and counseling skills with clinical theory, knowledge, and practice.
- A minimum of **60 contact hours/CEs** related to the incorporation of biblical principles and counseling skills with clinical theory, knowledge, and practice.
- Once the credential is awarded, maintain at least **20 CEs** (10 hours per year) related to the incorporation of biblical principles and counseling skills with clinical theory, knowledge, and practice on a biennial basis (every two years).

#### **Additional Supportive Documentation Required:**

- Copy of earned degree(s).
- Copy of any and all registration letters as a Resident or Intern, restricted-use licenses, appropriate certifications, and/or credentials.
- Contact hour/CE-related documentation that demonstrates the education/training incorporated biblical principles and counseling skills with clinical theory, knowledge, and practice.

## Pastoral/Ministerial Track

### □ BCPC – Board Certified Pastoral Counselor

#### **Basic Requirements:**

- An earned bachelor's degree (or higher) from a regionally or nationally accredited college or university **OR** a program that has a *substantially equivalent accreditation*.
- Ordination, religious licensure, and/or certification from a recognized entity. This would include pastoral counselors with state sanction, national certification, denominational recognition, and/or religious licensure.
- **Identify** and **practice** as a Christian counselor. This refers to pastors, chaplains, associate/assistant pastors, youth ministers, pastoral counselors, etc. who are *engaged in significant counseling ministry* in church, para-church settings, Bible colleges & seminaries, and pastoral counseling agencies.
- Be able to document a minimum of *one year of experience* in counseling-related activities and caregiving.
- A minimum of **60 contact hours/CEs** related to the incorporation of biblical principles and counseling skills with clinical theory, knowledge, and practice.
- Once the credential is awarded, maintain at least **20 CEs** (10 Hours per year) related to the incorporation of biblical principles and counseling skills with clinical theory, knowledge, and practice on a biennial basis (every two years).

#### **Additional Supportive Documentation Required:**

- Copy of earned degree(s).
- Copy of ordination, religious license, appropriate certification and/or credentials.
- Contact hour/CE-related documentation that demonstrates the education/training incorporated biblical principles and counseling skills with clinical theory, knowledge, and practice.

### □ BCBC – Board Certified Biblical Counselor

#### **Basic Requirements:**

- An earned associate or bachelor's degree from a regionally or nationally accredited college or university *in a mental health discipline*, **OR** from a program that has a *substantially equivalent accreditation*, **OR** is un-degreed, but in all cases, must be an advanced lay caregiver.
- **Identify** and **practice** as a lay Christian counselor. This refers to small group facilitators, church-based lay counselors, hospice workers, registered nurses, bachelor level social workers, substance abuse counselors, group home workers, etc., who are *engaged in significant counseling/caregiving ministry*.
- Be able to document at least *one year of experience* in counseling-related activities or lay caregiving *and* be in an *active relationship* with someone who provides oversight and accountability.
- If applicant has a bachelor's degree *in a mental health discipline*, a minimum of **90 contact hours/CEs** related to the incorporation of biblical principles and counseling skills with clinical theory, knowledge, and practice is required. If applicant has a degree in a non-mental health discipline, a degree from a non-accredited institution, or no degree at all, a minimum of **150 contact hours/CEs** are necessary.
- Once the credential is awarded, maintain at least **30 CEs** (15 Hours per year) related to the incorporation of biblical principles and counseling skills with clinical theory, knowledge, and practice on a biennial basis (every two years).

#### **Additional Supportive Documentation Required:**

- Copy of earned degree(s) if applicable.
- Contact hour/CE-related documentation that demonstrates the education/training incorporated biblical principles and counseling skills with clinical theory, knowledge, and practice.

I affirm and attest that, to the best of my knowledge, I meet all the requirements listed in the above credential descriptions for each category that I have checked off and hereby submit my formal Application to the BCPPC for the same.

While every effort has been made to keep the application and review process objective, I understand that there is a subjective element to evaluating my Application. I acknowledge that if my Application is not accepted, I can appeal the decision to the BCPPC Credential Committee. I further agree that because I am voluntarily submitting this Application, if it is not approved, I will in no way hold the BCPPC, the AACC, or any of their officers, board members, or employees liable for any such action.

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Applicant Signature

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Date

# BCPPC APPLICATION

Thank you for your interest in pursuing a BCPPC credential. Please complete and **PRINT** all information that is requested in a legible manner or mark N/A if not applicable. Illegible and/or incomplete applications with missing information will be returned to the applicant. Please **fill in all sections**, even if you are attaching supportive documentation.

The BCPPC will not disclose the confidential information given in this application without your express, written consent. Applicants who receive a core credential through the BCPPC and elect to participate in the AACC's comprehensive Christian Care Network understand that certain contact information (**only business related and not personal**), along with other pertinent demographic information (gender, age, ethnicity, years of experience, credentials, areas of specialization, etc.), may be listed in resource directories in order to assist those seeking help in making appropriate and/or desired choices for care. **Please allow 4-6 weeks for processing.**

## I. Demographic Information

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Country

\_\_\_\_\_  
Name of Practice/Organization/University/Church, etc., where you work and/or provide counseling/caregiving services

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Country

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Secondary/Emergency Phone

\_\_\_\_\_  
Cell Phone (*optional*)

\_\_\_\_\_  
Home Phone (*optional*)

Male    Female   Age \_\_\_\_\_   Ethnicity \_\_\_\_\_

Please describe the nature of your practice/ministry setting (e.g. sole proprietor, group practice, agency, hospital, treatment center, church, para-church, ministry organization, academic, etc.).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. Professional/Formal Education and Training**

List the most recent academic programs first (attach additional pages if necessary). Please attach copies of each diploma or certification.

N/A (I do not have an earned degree from an institution of higher learning)

<i>Academic Institution</i>	<i>State</i>	<i>Degree</i>	<i>Area of Study</i>	<i>Year Completed</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**III. Continuing Education**

Please list and describe your educational/training experiences demonstrating that you have met the minimal contact hour/CE requirement for your credential (either 60, 90, or 150 hours) regarding the incorporation of biblical principles and counseling skills with clinical theory, knowledge, and practice (attach additional pages if necessary). Please also attach copies of all supporting documentation (i.e. continuing education certificates, certificates of completion, transcripts, etc.).

<i>Academic Institution, Training Program, etc.</i>	<i>Area of Study</i>	<i>Year Completed</i>	<i># of Hours</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**IV. Professional License and/or Certification**

Please list your professional mental health license and/or certification status. Identify the licensing or regulatory board that issued the professional license and/or certification. Please attach a copy of each license and/or certification showing the expiration date.

N/A (I do not have a professional counseling license or certification.)

<i>License Type</i>	<i>State of Issue</i>	<i>Date Issued</i>	<i>Exp. Date</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**V. Ordination and/or Religious License**

Please list your ordination and/or religious license status. Identify the issuing entity. Please attach a copy of each ordination certificate and/or religious license.

N/A (I am not ordained and/or do not have a religious license.)

<i>Ordination/Religious License</i>	<i>Issuing Entity</i>	<i>State of Issue</i>	<i>Date Issued</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**VI. Professional Memberships**

Please list the professional and/or ministerial associations of which you are a current member in good standing (attach additional pages if necessary). Please attach a copy of each membership certificate.

N/A (I am not a member of any other professional and/or ministerial association.)

<i>Name of Association/Organization</i>	<i>Status/Classification</i>	<i>Date Joined</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**VII. Special Awards, Honors, and Other Accomplishments**

Please list any additional professional and/or ministerial acknowledgements and accomplishments.

A. \_\_\_\_\_

- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_
- E. \_\_\_\_\_
- F. \_\_\_\_\_
- G. \_\_\_\_\_
- H. \_\_\_\_\_

**VIII. Professional Liability Information**

Please provide information regarding your professional and/or ministerial liability/malpractice insurance. Please attach a copy of your current policy face sheet (required for BCPC).

N/A (I do not work/minister in a setting that requires me to have liability/malpractice insurance.)

Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Effective Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Coverage Per Incident/Occurrence \_\_\_\_\_ Per Aggregate \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

**IX. Employment History**

Please list your current employment as well as previous work history, even if it is not counseling related (*do not put down "see vita" or "see resume"*). Please use the following designations to identify work *type*: Outpatient (OP); Intensive Outpatient (IOP); Inpatient (IP), Residential Setting (RS); Church Setting (CS); Ministry Organization (MO); School/Academic Setting (SAS); Other (O).

1. \_\_\_\_\_

<i>Dates</i>	<i>Employer/Organization</i>	<i>Title/Role</i>	<i>Type</i>
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<i>Address</i>	<i>City/Sate/Zip</i>	<i>Supervisor</i>
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2. \_\_\_\_\_

<i>Dates</i>	<i>Employer/Organization</i>	<i>Title/Role</i>	<i>Type</i>
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<i>Address</i>	<i>City/Sate/Zip</i>	<i>Supervisor</i>
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3. \_\_\_\_\_

<i>Dates</i>	<i>Employer/Organization</i>	<i>Title/Role</i>	<i>Type</i>
<hr/>			
<i>Address</i>	<i>City/Sate/Zip</i>	<i>Supervisor</i>	

4. \_\_\_\_\_

<i>Dates</i>	<i>Employer/Organization</i>	<i>Title/Role</i>	<i>Type</i>
<hr/>			
<i>Address</i>	<i>City/Sate/Zip</i>	<i>Supervisor</i>	

5. \_\_\_\_\_

<i>Dates</i>	<i>Employer/Organization</i>	<i>Title/Role</i>	<i>Type</i>
<hr/>			
<i>Address</i>	<i>City/Sate/Zip</i>	<i>Supervisor</i>	

6. \_\_\_\_\_

<i>Dates</i>	<i>Employer/Organization</i>	<i>Title/Role</i>	<i>Type</i>
<hr/>			
<i>Address</i>	<i>City/Sate/Zip</i>	<i>Supervisor</i>	

**X. Counseling Practice/Ministry Information**

Please take the time to answer each question thoroughly and to the best of your ability. This will help clarify the nature of you therapeutic/counseling/ministerial services.

A. Describe your theoretical orientation to counseling (i.e. cognitive-behavioral, systems, object relations, psychodynamic/insight-oriented, biblical, etc.). If you put eclectic – state what model is emphasized. What primary techniques do you utilize? Assessment tools?

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B. How do you integrate spiritual content and biblical principles into the counseling process? Please be thorough in your description.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. What modalities do you offer in your practice?

- Individual     Group     Marital     Family     Psychological Testing/Assessment
- Other (please describe) \_\_\_\_\_

\_\_\_\_\_

D. Do you accept third party reimbursement?     Yes     No     N/A

E. Do you charge a fee for your counseling services?     Yes     No

If Yes, what is your fee range? \_\_\_\_\_

F. Do you provide any pro-bono counseling services?     Yes     No

If Yes, what is the nature of your work in this area? \_\_\_\_\_

\_\_\_\_\_

G. Do you offer after hours or weekend appointments?     Yes     No

H. Do you provide church/community workshops and seminars?     Yes     No

If Yes, what topics/subject areas do you speak or teach on? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I. Do you provide clinical and/or ministerial supervision?     Yes     No

If Yes, are there any specific areas of expertise you have? \_\_\_\_\_

\_\_\_\_\_

J. Do you provide counseling services in languages other than English (including sign language)?

Yes     No    If Yes, please list \_\_\_\_\_

K. Number of years of professional/counseling/caregiving ministry experience \_\_\_\_\_

L. Average number of clients seen per week \_\_\_\_\_

M. Populations Served (*please check all that apply*):

Children     Adolescents     College Age     Adults     Geriatric

N. Areas of counseling expertise (based on appropriate and documented education, training, supervision, and clinical experience). *Please check all that apply*:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Adult Children of Alcoholics | <input type="checkbox"/> ADHD                    | <input type="checkbox"/> Addictions             |
| <input type="checkbox"/> Adoption Issues              | <input type="checkbox"/> Alcoholism              | <input type="checkbox"/> Anxiety                |
| <input type="checkbox"/> Anger Management             | <input type="checkbox"/> Bi-Polar Disorder       | <input type="checkbox"/> Career Counseling      |
| <input type="checkbox"/> Child Abuse                  | <input type="checkbox"/> Chronic Pain            | <input type="checkbox"/> Coaching               |
| <input type="checkbox"/> Codependency                 | <input type="checkbox"/> Communication           | <input type="checkbox"/> Compassion Fatigue     |
| <input type="checkbox"/> Conflict Resolution          | <input type="checkbox"/> Crisis Intervention     | <input type="checkbox"/> Dementia/Alzheimer's   |
| <input type="checkbox"/> Depression                   | <input type="checkbox"/> Developmental Disorders | <input type="checkbox"/> Disabilities           |
| <input type="checkbox"/> Dissociation                 | <input type="checkbox"/> Divorce Recovery        | <input type="checkbox"/> Domestic Violence      |
| <input type="checkbox"/> Eating Disorders             | <input type="checkbox"/> Financial Issues        | <input type="checkbox"/> Gender Identity Issues |
| <input type="checkbox"/> Grief and Loss               | <input type="checkbox"/> HIV/AIDS                | <input type="checkbox"/> Infidelity             |
| <input type="checkbox"/> Infertility                  | <input type="checkbox"/> Learning Disabilities   | <input type="checkbox"/> Marital Conflict       |
| <input type="checkbox"/> Mediation                    | <input type="checkbox"/> Men's Issues            | <input type="checkbox"/> Mental Retardation     |
| <input type="checkbox"/> Missionary Issues            | <input type="checkbox"/> Obsessive/Compulsives   | <input type="checkbox"/> Occult/Cults           |
| <input type="checkbox"/> Parenting Issues             | <input type="checkbox"/> Pastors/Ministers       | <input type="checkbox"/> Personality Disorders  |
| <input type="checkbox"/> Phobias                      | <input type="checkbox"/> Physical Abuse          | <input type="checkbox"/> Post-Abortion Syndrome |
| <input type="checkbox"/> Post-Traumatic Stress        | <input type="checkbox"/> Pregnancy Issues        | <input type="checkbox"/> Pre-Marital            |
| <input type="checkbox"/> Psychological Assessment     | <input type="checkbox"/> Rape Recovery           | <input type="checkbox"/> Ritualistic Abuse      |
| <input type="checkbox"/> Schizophrenia/Psychosis      | <input type="checkbox"/> Sexual Abuse            | <input type="checkbox"/> Sexual Addiction       |
| <input type="checkbox"/> Sexual Dysfunction           | <input type="checkbox"/> Singles                 | <input type="checkbox"/> Spiritual Problems     |
| <input type="checkbox"/> Stress and Burnout           | <input type="checkbox"/> Suicide                 | <input type="checkbox"/> Women's Issues         |
| <input type="checkbox"/> Other (please specify) _____ |  |   |

O. Do you practice any of the following therapeutic modalities? If Yes, please describe how you incorporate them into the overall counseling process.

Hypnosis  N/A  Yes \_\_\_\_\_

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EMDR  N/A  Yes \_\_\_\_\_

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Bio-Feedback  N/A  Yes \_\_\_\_\_

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Healing of Memories  N/A  Yes \_\_\_\_\_

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Visualization  N/A  Yes \_\_\_\_\_

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Theophostic Prayer  N/A  Yes \_\_\_\_\_

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**XI. Spiritual Orientation and Practice**

Please define/describe your beliefs and feelings on the following questions. Attach more pages if necessary.

**A.** Who is Jesus Christ? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**B.** How does a person become a Christian? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**C.** Describe your beliefs about the Bible. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D.** Describe your beliefs about the Holy Spirit. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E.** Briefly describe your personal testimony, your spiritual journey, and current walk with Christ. \_\_\_\_\_

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**F.** Denominational Affiliation \_\_\_\_\_

**G.** Church membership or place of attendance \_\_\_\_\_

H. What role do you believe the local church has in the counseling process? \_\_\_\_\_

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I. How do you incorporate the spiritual practices and disciplines in your counseling activities (e.g. prayer, Scripture reading, fasting, meditation, worship, solitude, etc.)?

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J. What ethical issues, if any, do you believe are of particular importance or significance in the use of spiritual practices in counseling?

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*I affirm and attest by my signature below that I have answered all the questions in this Application truthfully and with full disclosure and have attached all requested supporting documentation.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

# BCPPC APPLICANT ATTESTATION

The following statements require your attestation (affirming each one to be true to the best of your knowledge) and your signature in order to process the Application. Please be sure to respond to each and every section that directly pertains to you and your professional and or ministerial work.

## SECTION A: Christian Personal Testimony

The foundation to all work and identity as a Christian counselor/caregiver is a living, vibrant, and personal relationship with Jesus Christ. Please respond to the following items by checking the appropriate box:

1. I have read the *AACC Doctrinal Statement* and hereby attest that I am in full agreement with its tenets.

Yes       No       Unsure (please explain) \_\_\_\_\_

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2. I attest that I am a true believer in Jesus Christ; that I have accepted His atoning work of salvation on the cross for the forgiveness of my sins; that I have personally accepted Him as my Savior and Lord; and that as a result of my confession, I have been born again by His Holy Spirit to a new life in Christ.

Yes       No       Unsure (please explain) \_\_\_\_\_

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## SECTION B: Christian Counseling Testimony

The practice of Christian counseling/caregiving genuinely incorporates Scriptural truths, biblical-spiritual practices and guidance, and a Christian value system into one's clinical/ministerial practice, theoretical orientation, and professional life. The BCPPC is dedicated to credentialing professional Christian counselors, not simply clinicians and lay helpers who happen to be Christian but do not incorporate their faith into practice. Please respond to the following items by checking the appropriate box:

1. I have read the *BCPPC 21<sup>st</sup>-Century Christian Counseling Statement* and attest that I am in substantial agreement with the document and its tenets as a baseline definition of Christian counseling.

Yes       No       Unsure (please explain) \_\_\_\_\_

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2. I attest that the *BCPPC 21-Century Christian Counseling Statement* largely coincides with my practice standards as a Christian counselor/caregiver, both in terms of the clinical/ministerial aspects of my discipline and the spiritual dimensions of my faith.

**Yes**       **No**       **Unsure** (please explain) \_\_\_\_\_

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3. I attest that I actively and consistently – with client consent wherever and whenever it is appropriate – incorporate explicit Christian practices (e.g. prayer, Bible references, Christian service, encouragement in the spiritual disciplines, meditation, spiritual warfare, etc.) into my counseling/ministerial practice and/or environment.

**Yes**       **No**       **Unsure** (please explain) \_\_\_\_\_

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4. I attest that I have already obtained (prior to the submission of this application to the BCPPC) the required number of contact hours that incorporates biblical principles and counseling skills with clinical theory, knowledge, and practice for the credential I am seeking (60 contact hours for BCPCC, BCCC, & BCPC; or 90 contact hours for BCBC with a bachelors in a mental health discipline; or 150 contact hours with a bachelors in another discipline, an associates degree, or if un-degreed).

**Yes**       **No**       **Unsure** (please explain) \_\_\_\_\_

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If you have not completed your contact hours through approved activities or programs, do you have a record of other training you have received or evidence showing a record of publications and/or presentations you have done that you would like the BCPPC Credentials Committee to evaluate as a substitution for this requirement?

**Yes**       **No**       **N/A**      If Yes, please attach the appropriate documentation.

**SECTION C: Ethical Integrity**

Each applicant must demonstrate and maintain ethical integrity in all counseling, ministerial, and professionally related activities. Please note that a yes answer to any of the following questions will not necessarily disqualify you for the credential. If the case has been properly remedied and/or disposed of, and you are under no current ethical complaint or investigation, then the application process can proceed.

- 1. Have you ever been sued and lost (a civil malpractice action), or been criminally indicted for any actions related to your professional and/or ministerial practice?

Yes       No      If Yes, please explain briefly here and then *attach a separate paper* (no more than 2 pages) to describe in detail the case and its disposition.

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- 2. Have you ever had any professional or ministerial license revoked or suspended or had any sanctions attached to it for any actions related to your professional and/or ministerial practice? *Note: in most cases, this question would apply for applicants seeking the BCPC, BCCC, or BCPC credential.*

Yes       No       N/A      If Yes, please explain briefly here and then *attach a separate paper* (no more than 2 pages) to describe in detail the case and its disposition.

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- 3. Have you ever had your membership with any professional association suspended or sanctioned in any manner for any actions related to your professional and/or ministerial practice?

Yes       No       N/A      If Yes, please explain briefly here and then *attach a separate paper* (no more than 2 pages) to describe in detail the case and its disposition.

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4. Short of formal legal-ethical action, has a client or colleague ever complained about you and/or your practice with them to the extent that your practice has been suspended or more closely monitored by your employing agency, practice/ministerial supervisor, regulatory/oversight board, etc.?

Yes       No      If Yes, please explain briefly here and then *attach a separate paper* (no more than 2 pages) to describe in detail the case and its disposition.

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5. Has a complaint of any kind ever been lodged against you regarding your professional and/or ministerial practice, even though no formal legal, ethical, or organizational action resulted from such complaint?

Yes       No      If Yes, please explain briefly here and then *attach a separate paper* (no more than 2 pages) to describe in detail the case and its disposition.

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6. Have you ever been charged with or convicted of any misdemeanor or felony other than minor moving violations in a vehicle?

Yes       No      If Yes, please explain briefly here and then *attach a separate paper* (no more than 2 pages) to describe in detail the case and its disposition.

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7. I attest and affirm that I have read the *AACC Christian Counseling Code of Ethics* and that I will promise, to the best of my abilities, to fully adhere to and advance the tenets of this document.

Yes       No       Unsure (please explain) \_\_\_\_\_

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8. I understand and consent that should I violate nationally recognized ethical standards, including the AACC Christian Counseling Code of Ethics, I may be subject to disciplinary action, up to the loss of my status as an BCPPC credential holder

Yes       No       Unsure (please explain) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION D: Professional/Ministerial Licensure and/or Practice Status**

Applicants must hold current, valid, and unencumbered licenses and/or certifications that are recognized by the BCPPC as meeting nationally accepted standards that demonstrate a thorough and rigorous evaluation of a person's education, training, and qualifications.

1. *Question #1 is for BCPCC Only* – Do you hold a current, valid, and unencumbered mental health practice license by one of the 50 states, US territories, or Canadian provinces?

Yes       No       N/A      If Yes, please send a copy of your license(s) and liability insurance face sheet showing coverage limits.

2. Do you hold a nationally recognized ordination or religious license by an appropriate endorsing entity?

Yes       No       N/A      If Yes, please send a copy of your ordination and/or license(s).

3. Do you hold a nationally recognized state or practice certification by a counseling, pastoral, or other ministry related endorsing entity?

Yes       No       N/A      If Yes, please send a copy of your certification(s).

4. Do you desire and consent to become part of the AACC's comprehensive Christian Care Network and be listed in its various resource directories (both in print and electronically)? This opportunity is available to all BCPPC credential holders who are also current members of the American Association of Christian Counselors.

Yes       No       Unsure (please explain) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Please Print Your Name Clearly

I affirm and attest by my signature below that I have answered all the questions in this Attestation truthfully and with full disclosure and have attached all requested supporting documentation.

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Applicant Signature

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Date

# BCPPC APPLICANT AGREEMENT

- A. CERTIFICATION.** I (please print) \_\_\_\_\_ certify that all the information in this entire application packet is true and complete. I understand that I have the burden of producing all the information necessary for the BCPPC to fairly and fully evaluate my qualifications, background, ethics, and character in order to be considered for one of the BCPPC credentials. I understand and agree to inform the BCPPC as quickly as possible of any changes in this information. I agree that any misstatement or omission from this application may be cause for denial of appointment or reappointment to the credential. I further agree that any subsequent adverse information about me or my practice and/or a violation of the *AACC Christian Counseling Code of Ethics* may be cause for disciplinary action – including the possibility of permanent expulsion from holding the credential – and that such action may be publically communicated in any form or forum the IBCC chooses to disclose such information.
- B. AUTHORIZATION.** I hereby authorize and give my consent to the BCPPC to contact and, without restriction, discuss any issues pertaining to my character and qualifications with current and former supervisors, administrators, pastors, and/or other colleagues with whom I have worked. I authorize the BCPPC to contact any state licensure boards, other professional and ministerial associations, and malpractice insurance carriers to obtain whatever information it deems necessary to properly evaluate this application. I hereby consent to the release of all information, records, and documents, by whatever means the BCPPC chooses to collect this data, and to assist them in the good-faith evaluation of my application. If a question arises in the future about my character and qualifications to the credential, I agree to assist the BCPPC in its efforts to resolve any questions it may have about me. I further agree and consent to allow a copy of this agreement to be sent to anyone whom the BCPPC deems necessary to assist them in resolving any and all questions about my worthiness to achieve and hold an IBCC credential.
- C. INDEMNIFICATION.** I release from any and all liability the BCPPC, the AACC, the AACC Foundation, and any individual officers, directors, employees, or agents of these organizations for any and all acts done in good faith and without malice or intent to harm in connection with the evaluation of my application for a BCPPC credential. I further release from any and all liability, any persons or organizations that release information regarding this application to the BCPPC, and agree to hold harmless anyone who may make a negative or adverse judgment about my character or qualifications in the evaluation of this application.
- D. DISPUTE RESOLUTION.** If a dispute arises between me and the BCPPC regarding this application or any future matter, I agree to engage in dispute resolution that (1) first attempts direct negotiation; (2) then attempts mediation with a mediator acceptable to both parties; (3) then uses arbitration and binding arbitration to resolve the matter. The parties agree to abide by the Christian mediation rules of the Christian Conciliation Service (at [www.hispeace.org](http://www.hispeace.org)) and the administrative rules and procedures of the American Arbitration Association for binding arbitration. The chosen rule of law and forum state shall be the Commonwealth of Virginia.
- E. CREDENTIAL RESOLUTION.** I resolve to support the mission and goals of the BCPPC and I further agree to abide by and fully adhere to the *AACC Doctrinal Statement*, the *AACC Christian Counseling Code of Ethics*, and the *BCPPC Statement on Professional Christian Counseling*. I have not hidden, nor have I omitted any necessary information to honestly qualify for this credential. If I qualify, I will hold my BCPPC credential in the highest regard, honor the calling of God in Christian counseling, and maintain both excellence and an ethical stance as a servant-leader in this field. Furthermore, I will strive to avoid all stain of bad reputation and ill-repute upon the name of Christ, the cause of Christian counseling, and the good purposes of the BCPPC.

I, the undersigned, have read, discussed as needed, and fully understand this *Agreement*. I understand that by signing this *Agreement*, I do hereby agree with all consent and authorization statements that are described herein.

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Applicant's Signature

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Date

Revised 1/10

# BCPPC PROFESSIONAL REFERENCE

**Name of Applicant** (please print clearly): \_\_\_\_\_

The above named applicant is applying for certification by the Board of Christian Professional and Pastoral Counselors (BCPPC). The BCPPC is a network of Christian counselors who are capable and experienced, with a strong and authentic Christian foundation to their counseling and/or ministerial service. The purpose of the BCPPC is to help identify those Christian counselors who provide the highest quality of care to those they serve. As a *professional/collegial reference*, we are asking you to provide us your assessment of this applicant's qualifications.

**Name of Reference:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Organization/Church** (if applicable): \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Phone:** Work: ( ) \_\_\_\_\_ Home: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

**Email:** \_\_\_\_\_

**How long and in what capacity have you known the applicant?** \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_

**Please rate the applicant on the following characteristics using the descriptions provided below.** Please check only one box for each characteristic.

	Exceptional	Above Average	Average	Below Average	Unsure
1. Demonstrates a positive and authentic relationship with Jesus Christ.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Reflects a commitment to ongoing growth in his/her personal, professional, and/or ministerial life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Ability to understand and conceptualize client issues, including those related to spirituality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Appropriately integrates Christian faith and counseling principles in an effective manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Ability to establish and maintain healthy counseling relationships with appropriate boundaries.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Demonstrates empathy in counseling with others, mature judgment, emotional stability, and spiritual maturity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Demonstrates effective communication, organizational, and treatment planning skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Consistently follows established professional and ethical standards of practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**I recommend certification by the BCPPC** (check one): \_\_\_ Highly \_\_\_ Moderately \_\_\_ With Reservation

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If you would like to add any additional comments, feel free write on the back of this page or attach a separate letter. Please put the completed reference form (and other comments) in a *sealed envelope* with your *signature across the back flap* and return to the applicant. Thank you for your participation.

# BCPPC PASTORAL REFERENCE

**Name of Applicant** (please print clearly): \_\_\_\_\_

The above named applicant is applying for certification by the Board of Christian Professional and Pastoral Counselors (BCPPC). The BCPPC is a network of Christian counselors who are capable and experienced, with a strong and authentic Christian foundation to their counseling and/or ministerial service. The purpose of the BCPPC is to help identify those Christian counselors who provide the highest quality of care to those they serve. As a *pastoral reference*, we are asking you to provide us your assessment of this applicant's qualifications.

**Name of Reference:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Organization/Church** (if applicable): \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Phone:** Work: ( ) \_\_\_\_\_ Home: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

**Email:** \_\_\_\_\_

**How long and in what capacity have you known the applicant?** \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_

**Please rate the applicant on the following characteristics using the descriptions provided below.** Please check only one box for each characteristic.

	Exceptional	Above Average	Average	Below Average	Unsure
1. Demonstrates a positive and authentic relationship with Jesus Christ.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Reflects a commitment to ongoing growth in his/her personal and spiritual life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Actively involved in a local church, congregation, or faith community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Personal effectiveness in life is congruent with offering care to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Willingness to address his/her own mistakes and accept accountability to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has reputation for being of person of ethical integrity, moral character, and spiritual maturity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Demonstrates the ability to effectively guide and direct others when in a position of leadership.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has effective relational/"people" skills and is able to set appropriate boundaries.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**I recommend certification by the BCPPC** (check one): \_\_\_\_\_ Highly \_\_\_\_\_ Moderately \_\_\_\_\_ With Reservation

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If you would like to add any additional comments, feel free write on the back of this page or attach a separate letter. Please put the completed reference form (and other comments) in a *sealed envelope* with your *signature across the back flap* and return to the applicant. Thank you for your participation.

# BCPPC PERSONAL REFERENCE

**Name of Applicant** (please print clearly): \_\_\_\_\_

The above named applicant is applying for certification by the Board of Christian Professional and Pastoral Counselors (BCPPC). The BCPPC is a network of Christian counselors who are capable and experienced, with a strong and authentic Christian foundation to their counseling and/or ministerial service. The purpose of the BCPPC is to help identify those Christian counselors who provide the highest quality of care to those they serve. As a *personal reference*, we are asking you to provide us your assessment of this applicant's qualifications.

**Name of Reference:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Organization/Church** (if applicable): \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Phone:** Work: ( ) \_\_\_\_\_ Home: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

**Email:** \_\_\_\_\_

**How long and in what capacity have you known the applicant?** \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_

**Please rate the applicant on the following characteristics using the descriptions provided below.** Please check only one box for each characteristic.

	Exceptional	Above Average	Average	Below Average	Unsure
1. Demonstrates a positive and authentic relationship with Jesus Christ.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Reflects a commitment to ongoing growth in his/her personal and spiritual life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Actively involved in a local church, congregation, or faith community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Demonstrates kindness, compassion, and takes initiative in showing care to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Willingness to address his/her own mistakes and accept accountability to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has reputation for being of person of ethical integrity, moral character, and spiritual maturity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Demonstrates the ability to effectively guide and direct others when in a position of leadership.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has effective relational/"people" skills and is able to set appropriate boundaries.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**I recommend certification by the BCPPC** (check one): \_\_\_\_\_ Highly \_\_\_\_\_ Moderately \_\_\_\_\_ With Reservation

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If you would like to add any additional comments, feel free write on the back of this page or attach a separate letter. Please put the completed reference form (and other comments) in a *sealed envelope* with your *signature across the back flap* and return to the applicant. Thank you for your participation.

# BCPPC PREFERRED NAME AND CREDENTIALS TITLE

On the line below, clearly *print* your name with the letters and proper punctuation *exactly as you want it to appear* on your BCPPC Credential Certificate. Once a certificate is issued, reprint requests or extra copies will incur additional charges. For reprint requests, please include the original certificate with any changes noted directly on the document.

Use periods to designate degrees, but do not use them for denoting licenses, certifications, and other qualifications you might use. Please *do not use more than three sets of letters* after your name (as shown by the examples below) to designate your BCPPC credential. List *only* those degrees (from regionally accredited institutions of higher learning or those meeting the “substantially equivalent accreditation” standard) and credentials that have already been earned/received, *not those you anticipate earning* or *honorary degrees*. This *does not include* the BCPPC credential that you are applying for. Academic degrees are listed first (usually only one from any particular discipline), followed by licenses and other certifications.

Sample listings: Timothy E. Clinton, Ed.D., LPC, LMFT  
Eric T. Scalise, Ph.D., LPC, LMFT  
Kenneth W. Nichols, Psy.D.  
David E. Jenkins, Psy.D., HSP-P

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Please Print Clearly

I affirm and attest that the name and credentials given on the line above are printed exactly as I desire for them to appear on my BCPPC Credential Certificate and reflect a true and accurate portrayal of my valid professional education, training, licensure, and/or certification.

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Applicant Signature

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Date