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.	❑	❑	❑	❑	❑
2. Reflects a commitment to ongoing growth in his/her personal, professional, and/or ministerial life.	❑	❑	❑	❑	❑
3. Ability to understand and conceptualize client issues, including those related to spirituality.	❑	❑	❑	❑	❑
4. Appropriately integrates Christian faith and counseling principles in an effective manner.	❑	❑	❑	❑	❑
5. Ability to establish and maintain healthy counseling relationships with appropriate boundaries.	❑	❑	❑	❑	❑
6. Demonstrates empathy in counseling with others, mature, judgment, emotional stability, and spiritual maturity.	❑	❑	❑	❑	❑
7. Demonstrates effective communication, organizational, and treatment planning skills.	❑	❑	❑	❑	❑
8. Consistently follows established professional and ethical standards of practice.	❑	❑	❑	❑	❑

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.

Revised 9/15/14