

BCPPC APPLICATION

Thank you for your interest in pursuing the **Counseling Board Credential**. Please complete and **PRINT** all requested information in a legible manner or mark N/A if not applicable. Illegible and/or incomplete applications with missing information may be returned to the applicant. Please **respond to all sections**.

The Board of Christian Professional & Pastoral Counselors (BCPPC) will not disclose the confidential information given in this application without your express, written consent. **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 _____

II. Counseling Credential Designation – (Please read carefully and choose the level below)

Board Certified Professional Christian Counselor (BCPCC) Credential

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) – 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 – fully licensed mental health professionals who incorporate biblical principles and counseling skills with clinical theory, knowledge, and practice.
- Copy of current **liability insurance certificate** showing both expiration date and coverage.
- A minimum of **60 contact hours** of education/training in counseling and/or caregiving related to the incorporation of biblical principles and counseling skills with clinical theory, knowledge, and practice.
- Maintain at least **20 Continuing Education** contact hours **every two years** related to the incorporation of biblical principles and counseling skills with clinical theory, knowledge and practice.

Board Certified Christian Counselor (BCCC) Credential

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 – 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** of education/training in counseling and/or caregiving related to the incorporation of biblical principles and counseling skills with clinical theory, knowledge, and practice.
- Maintain at least **20 Continuing Education** contact hours **every two years** related to the incorporation of biblical principles and counseling skills with clinical theory, knowledge and practice.

Board Certified Pastoral Counselor (BCPC) Credential

Basic Requirements:

- Minimum of a **Bachelor's degree** from a **regionally accredited** college or university, **ordination**, religious licensure, and/or certification from a recognized entity – pastoral counselors with state sanction, national certification, denominational recognition, and/or religious licensure.
- **Identify** and **practice** as a Christian counselor – pastors, chaplains, associate/assistant pastors, youth ministers, pastoral counselors, etc., who are **engaged in significant counseling ministry** in church, para-church settings, Bible colleges and seminaries, and pastoral counseling agencies.
- Be able to document a minimum of **one year of experience** in counseling-related activities and caregiving.
- Maintain at least **20 Continuing Education** contact hours **every two years** related to the incorporation of biblical principles and counseling skills with theory, knowledge and practice.
- A minimum of **60 contact hours** of education/training in counseling and/or caregiving related to the incorporation of biblical principles and counseling skills with theory, knowledge, and practice.

Board Certified Biblical Counselor (BCBC) Credential

Basic Requirements:

- **Identify** and **practice** as a lay Christian counselor – 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.
- A minimum of **150 contact hours** of education/training in counseling and/or caregiving related to the incorporation of biblical principles and counseling skills with theory, knowledge, and practice.
- Maintain at least **20 Continuing Education** contact hours **every two years** related to the incorporation of biblical principles and counseling skills with theory, knowledge and practice.

❖ **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. **(BCPCC required)**
- Copy of any and all registration letters as a Resident or Intern, restricted-use licenses, appropriate certifications, and/or credentials. (if applicable)
- Copy of ordination, religious license, appropriate certification and/or credentials. **(BCPC required)**
- Copy of current liability insurance certificate showing both expiration date and coverage. **(BCPCC required)**
- Documentation demonstrating that education/training incorporated biblical principles and counseling skills with clinical theory, knowledge, and practice, including any documentation of courses taken through **Light University** or **Light University Online**.

III. Christian Counseling and Caregiving Education/Training

I have completed the required level of **minimum contact hours** of education/training in counseling and/or caregiving that **incorporates biblical principles** with theory, skills, knowledge and practice: Yes

Please describe the nature of the education/training you received:

<u>COURSE</u>	<u>HOURS COUNTED</u>

I have appropriate documentation verifying my education/training in biblically-based counseling and/or caregiving (e.g., transcripts, diplomas, certificates of completion, letters, etc.): Yes (attached)

IV. Formal/Post-secondary Education and Training

Please list the most recent academic programs you have attended first.

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

I have appropriate required documentation verifying each degree listed above (e.g., diploma, transcripts, etc.) and affirm that I have an earned master's or doctorate degree in counseling or related mental health field from a regionally or nationally accredited college or university: Yes (attached)

V. Professional Licensure and/or Certification (BCPCC required)

Please list your professional mental health license and/or certification status, as well as the licensing or regulatory board and state that issued the professional license and/or certification.

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

VI. Professional Liability Information (BCPCC required – 1 mil./3 mil.)

Please provide information regarding your professional and/or ministerial liability/malpractice insurance.

Carrier _____ Policy # _____

Address _____ Phone # _____

Effective Date _____ Expiration Date _____

Coverage Per Incident/Occurrence _____ Per Aggregate _____

Name of Policy Holder _____

VII. Ordination and/or Religious License (BCPC required)

Please list your ordination and/or religious license status and identify the issuing entity. Please attach appropriate documentation verifying each ministerial designation.

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

VIII. Spiritual Orientation and Practice

Please define/describe your thoughts and beliefs on the following questions.

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, spiritual journey, and current walk with Christ. _____

F. What role do you believe the local church has in the counseling/caregiving process? _____

G. Describe your counseling/caregiving setting/practice and how you incorporate spiritual practices and disciplines in your counseling/caregiving activities (e.g., prayer, the use of Scripture/biblical principles, fasting, meditation, worship, solitude, etc.)?

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

I. Do you charge a fee for your counseling services? (Please be aware that unless you are a state licensed counselor, it may be unethical, and in some states it may be illegal, to charge a **fee for services**). **Please check with your state licensing board.** ____ Yes ____ No

If Yes, what is your fee range? _____

IX. Attestation

Note: The following statements require your attestation (affirming each one to be true to the best of your knowledge). Please be sure to **respond to each and every section** regarding yourself and your counseling/caregiving practice or ministry.

I have read the Board of Christian Professional and Pastoral Counseling (BCPPC) **Attestation Document** (addressing my Christian testimony, the *AACC Doctrinal Statement*, ethical integrity, legal history, and the 2014 *AACC Christian Counseling Code of Ethics*) and am in **100% compliance** with all requirements and statements of fact outlined in this document: Yes

If I am not in 100% compliance with all requirements and statements of fact in the BCPPC Attestation Document noted above, I have attached any and all additional documentation explaining my responses in further detail: Yes

I have read, discussed as needed, and fully understand the **BCPPC Agreement Document** and I do hereby agree with all consent and authorization statements that are described therein: Yes

I understand that in order to renew and maintain my BCPPC credential, I must complete a minimum of **twenty (20)** contact hours of approved Continuing Education **every two years** and that these hours must incorporate biblical principles and counseling skills with theory, knowledge and practice. I further acknowledge I have read and understand the **BCPPC Continuing Education Guidelines**: Yes

I understand I am applying for the Board Certified Professional Christian Counselor (BCPCC) credential and believe I currently meet all the necessary requirements for this designation. Therefore, I am submitting my formal application for consideration by the BCPPC Credentialing Committee, including all necessary and supportive documentation that is requested: Yes

X. Preferred Name with Credentials

Please print in the space below, how you would like your name and credentials to appear (including appropriate punctuation) on the BCPPC Credential Certificate. Any degree listed must represent an **earned** degree from a **regionally accredited** institution of higher learning (not a degree in process or honorary degree), and any state/regulated licenses or professional credentials listed must have already been earned/received.

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**). ***Please check to be sure your institution is accredited.***

Do not include the BCPCC credential you are applying for. Academic degrees are listed first (usually only one from any particular discipline), followed by licenses and other certifications. Please ***do not use more than three sets of letters*** after your name.

I affirm and attest that my name and the credentials given on the line below are printed exactly as I desire for them to appear on my BCPCC Credential Certificate and further reflect a true and

Accurate portrayal (as described above) of my valid professional education, training, licensure, and/or certification: Yes

Please Print Name and Credentials Clearly

XI. Required Attachments

I have attached the following required documents:

Evidence of education and training in biblically-based counseling and/or caregiving: Yes

Evidence of post-secondary education and/or training: Yes

Evidence of professional licensure and/or certification: Yes (BCPCC required)

Evidence of professional liability insurance: Yes (BCPCC required)

Explanation/further documentation re: **Section VII** above (if necessary): Yes No N/A

Pastoral Reference Form (in a sealed and signed envelope): Yes

Professional Reference Form (in a sealed and signed envelope): Yes

Personal Reference Form (in a sealed and signed envelope): Yes

Application Fee, ***made out to IBCC*** Yes

I affirm and attest by my signature below that I have answered all questions in this Application truthfully and have done so to the best of my knowledge and with full disclosure. I further authorize the AACC and/or the IBCC to verify this information and understand that in the process of verification, these facts might become known to third parties. I expressly waive any claim to confidentiality of the material enclosed in this Application except where otherwise noted.

Applicant Signature

Date

