

# 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

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Last Name

First Name

MI

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Home Address

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City

State

Zip

Country

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

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Business Address

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City

State

Zip

Country

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Work Phone

E-Mail Address

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Fax

Secondary/Emergency Phone

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Cell Phone (*optional*)

Home Phone (*optional*)

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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. \_\_\_\_\_

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

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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.)?

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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

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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.***

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Applicant Signature

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Date



# 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.

	Above		Below		
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.

	Above		Below		
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.

	Above		Below	
1. Demonstrates a positive and authentic relationship with Jesus Christ.	<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"/>
3. Actively involved in a local church, congregation, or faith community.	<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"/>
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"/>
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"/>
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"/>
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"/>

**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 APPLICANT ATTESTATION PROTOCOL

The following statements will require your attestation (affirming each one to be true to the best of your knowledge), as well as your signature on the formal Application Form. Please be sure to review each and every section that directly pertains to you and your professional and or ministerial work. **You DO NOT need to send this form in; however, the information it contains is important and will be referenced in the actual application.** Depending on your responses, additional information may be required in order to process your application. **The checkboxes are simply there to assist you in going through the questions/items.**

## 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 considering 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

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

If you answered “No” or “Unsure” on any item in this section, please explain your response on a separate page and include with your application (no more than two pages).

## SECTION B: Christian Counseling Testimony

The practice of Christian counseling/caregiving genuinely incorporates scriptural truths, biblical principles and guidance, and a Christian value system into one’s clinical/ministerial practice, theoretical orientation, and professional life. The BCPPC is dedicated to credentialing 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 considering the appropriate box:

1. 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

2. I attest that I have already obtained (prior to the submission of this application to the BCPPC) the required 60 contact hours that incorporates biblical principles and counseling skills with theory, knowledge, and practice for the credential I am seeking.

Yes       No       Unsure

3. 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 publications, programs 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 include the appropriate documentation.)

If you answered “No” or “Unsure” on item 1 or 2 in this section, please explain your response on a separate page and include with your application (no more than two pages).

### **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. Please respond to the following items by considering the appropriate box:

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

Yes       No

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

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

4. Short of formal legal-ethical action, has a client or colleague ever complained about you and/or your practice 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

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

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 you answered “Yes” on any items 1-6 in this section, please explain **on a separate page** and describe in detail the case and its disposition (no more than two pages).

7. I attest and affirm that I have read the **2014 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)

8. If you are an unlicensed counselor, pastoral counselor and/or lay caregiver, have you specifically reviewed and understand the tenets of **Section IV. Additional Ethical Standards for Pastoral and Lay Christian Counselors** (pages 48-50)?

Yes       No       Unsure

9. I understand and consent that should I violate nationally recognized ethical standards, including the 2014 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

If you answered “No” or “Unsure” on items 7, 8 or 9 in this section, please explain your response on a separate page and include with your application (no more than two pages).

#### **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. Please respond to the following items by considering the appropriate box:

1. **Question #1 is only for licensed BCPC applicants or BCCC applicants with a Bachelor’s degree and license** – Do you hold a current, valid, and unencumbered mental health practice license by one of the 50 states, U.S. territories, or Canadian provinces?

Yes       No       N/A

If Yes, please include 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 include 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 include a copy of your certification(s).