

Application for Christian Counseling

Please complete this form online and email to admin@christianbibleinstitute.net

| Last Name | | | First Na | me | | Middle Name |
|---|--------------------------------|---------------------------------|-----------------|-----------------------|---------------------|---|
| Official Mailing Address | i | | • | | | • |
| Home Telephone: | | | | | E-mail: | |
| Date of Birth: Mont | h | Day | Year | (Month a | and Day required. | Year Optional) |
| Social Security (USA): | | Social Insurance | Number | (Canada): | Govern | ment Identification Number (Other countries): |
| Vork Position: Institution/Church/Center: | | | | | | |
| Field of Service where y | ou are active | ely providing past | oral care | that is consistent wi | ith a Christian voc | ation: |
| Work Address: | | | | | | |
| Work Telephone: | | Pager Number: | | Fax Number: | | Mobile Number: |
| Current work supervisor | 's name, ado | ress, and phone i | number: | ! | | |
| Faith Group Affiliation: Ordained: | | | Licensed: | ed: Commissioned: | | |
| Ву: | | | | Place and Date: | | |
| EDUCATION | | | | | | |
| College: Degree and Major: | | | Date Completed: | | | |
| Seminary: | | | | | | |
| Degree and Major: | | | Date Completed: | | | |
| Graduate Study: | te Study: Degree and Major: | | | Date Completed: | | |
| CLINICAL PASTORAL E Number of CPE Units C | | or pastoral c | OUNSELI | NG TRAINING | | |
| Dates: | Center: | | | Supervisor: | | |
| MINISTERIAL EXF | PERIENCE | | | | | |
| Church/Institution: | | | | Place and Dates: | | |
| Church/Institution: | | | | Place and Dates: | | |
| Church/Institution: | | | | Place and Dates: | | |
| Have you ever had a fel If Yes, please attach a br | ony convicti ief descriptic | on? Yes: on of the issue and | d the action | No: on taken | | |



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| Summarize your approach to counseling: |
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| State your view of Christian counseling: |
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| Briefly Explain your conversion to Christ: |
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| State your reasons for desiring to be an NACC Certified Christian Counselor: |
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| Have you ever applied to be a NACC-certified counselor? If yes, when and why was it not completed? |
| |
| Name of church or agency under whose authority you currently counsel: |
| Are you involved in sinful conduct or do you have unresolved conflicts, which if known, would cause others to question the |
| appropriateness of your being a NACC Counselor? If yes, please explain. |
| |
| |
| Have you ever been placed under church discipline? If yes, what was the outcome? |
| |
| Are you listed on the Public Sex Offender Registry? If yes please explain. |
| |
| Have you ever been convicted of a felony? Yes No |
| If yes, complete the following questions: |
| 1. Please describe the nature of the conviction. |
| |
| 2. Date of conviction |
| 3. Is the church or ministry under whose authority you counsel aware of it? Yes No |
| 4. Are there protections in place to prevent scandal if and when a question is raised about this? Yes No Not Yet |
| 5. What state or federal guidelines apply to you? |
| 6. Are you complying with all state or federal applicable guidelines? |
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