



Complete and mail to:
**The Board of Examiners for
The National Association of Christian Counselors**
6031 Hwy 6 N
Ste 165-206
Houston, Texas 77084

NACC ANNUAL CERTIFICATION RENEWAL

Please type or print clearly. All information must be filled out in full.

Please submit the \$50.00 renewal fee (*non-refundable*) along with your application. Illegible, incorrectly or partially completed applications will be delayed until the problems are corrected.

Are you: Ordained Licensed

Church Affiliation: _____

Print your name below exactly as you want it to appear on your certificate.

Name: _____ Date: ____/____/____

Address: _____ City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Telephone Number (Home): (____) ____ - _____ Work: (____) ____ - _____ Ext: _____

Date of Birth: ____/____/____

NACC Certification Number: _____

Expiration Date: ____/____/____

Are you currently employed by a church or ecclesiastical body? Yes No

If your answer is "Yes", give the following information:

Name of Church: _____

Address: _____

Denomination: _____

Have you been a defendant in a malpractice suit and either entered into a settlement agreement or paid court awarded damages? Yes No

If your answer is "Yes," please explain.

Have you been arrested or charged for the commission of any felony or any crime involving moral turpitude? Yes No

If your answer is "Yes," please explain.

Have you been convicted of any felony or of a crime involving moral turpitude? Yes No

If your answer is "Yes," please explain.

Have you been the subject of disciplinary action or had your membership revoked by a professional organization governing the practice of counseling, either secular or religious? Yes No

If your answer is "Yes," please explain.

