



Application for Christian Counseling

Last Name	First Name	Middle Name
Official Mailing Address		
Home Telephone:		E-mail:
Date of Birth:	Month	Day
		Year
(Month and Day required. Year Optional)		
Social Security (USA):	Social Insurance Number (Canada):	Government Identification Number (Other countries):
Work Position:	Institution/Church/Center:	
Field of Service where you are actively providing pastoral care that is consistent with a Christian vocation:		
Work Address:		
Work Telephone:	Pager Number:	Fax Number:
		Mobile Number:
Current work supervisor's name, address, and phone number:		
Faith Group Affiliation:	Ordained:	Licensed:
		Commissioned:
By:	Place and Date:	
EDUCATION		
College:	Degree and Major:	Date Completed:
Seminary:		
Degree and Major:	Date Completed:	
Graduate Study:	Degree and Major:	Date Completed:
CLINICAL PASTORAL EDUCATION OR PASTORAL COUNSELING TRAINING		
Number of CPE Units Completed:		
Dates:	Center:	Supervisor:
MINISTERIAL EXPERIENCE		
Church/Institution:	Place and Dates:	
Church/Institution:	Place and Dates:	
Church/Institution:	Place and Dates:	
Have you ever had a felony conviction? Yes: _____ No: _____		
If Yes, please attach a brief description of the issue and the action taken		



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

Summarize your approach to counseling:

State your view of Christian counseling:

Briefly Explain your conversion to Christ:

State your reasons for desiring to be an NACC Certified Christian Counselor:

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?