



Chaplaincy Certification Application

Please type or print clearly

All information must be completed in full and emailed/or mailed to: American Chaplains Association, 1635 Old 41 Hwy, Suite 112-222 , 30152./www.americanchaplainsassociation.com
Email us at www.americanchaplainsassociation.org or Julia@TheOpusOneGroup.com

PERSONAL INFORMATION

Date _____

1. FULL NAME

LAST FIRST MIDDLE MAIDEN

Name _____

2.

ADDRESS _____

CITY STATE ZIP CODE

3. E-MAIL ADDRESS

4. TELEPHONE NUMBER (HOME) _____ Work

_____ Cell _____

5. DATE OF BIRTH _____

6. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER _____

7. Have you ever served active duty in the Armed Forces, the Reserves or the National Guard during wartime or during any conflict when military personnel were commissioned by the President? () Yes () No

8. Are you a: Chaplain _____ Minister _____ Pastoral Counselor _____ Pastor _____ Counselor _____

9. Are you: _____ Ordained _____ Licensed

10. 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: _____

- List you ministry experience on another page.

11. Have you held a license or certification in any jurisdiction, at any time, as a Chaplain, Professional Counselor, Marriage and Family Therapist, Social Worker, Christian Counselor and/or Therapist? () Yes

() No

License/Certification Title _____

Jurisdiction _____ License/Certification Number _____

Date Issued _____ Expiration Date _____

12. If you have ever held a License/Certification per above, complete the following items.

a. Have you had a License/Certification revoked, suspended or annulled?

() Yes () No

13. Have you been convicted of any felony or of a crime involving moral turpitude? () Yes

() No *If your answer is "Yes", explain and attach final decree.*

14. OATH

I acknowledge that I may be required to furnish additional information promptly in order for this application to be processed. I attest that the information provided is true and accurate to the best of my knowledge. I release from all harm the American Chaplains Association and its board and authorize them to investigate and gather all information relevant to my application for membership. I have read, understand and agree to abide by the Code of Ethics as set forth by the American Chaplains Association.

Applicant's Signature _____

Date _____

Office Use Only: