



For Official Use Only  
Date Rec'd: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Chk# \_\_\_\_ Amt \_\_\_\_  
Expiration Date: \_\_\_\_\_

**APPLICATION FOR BOARD CERTIFICATION FOR A CHRISTIAN COUNSELOR OR THERAPIST**

Please type or print clearly.

All information must be filled out in full. A resume is unacceptable for the completion of any question on this application. Complete and mail to:

The Board of Examiners for Georgia Christian Counselors and Therapists

1635 Old 41 Hwy., Suite 112-222, Kennesaw, GA 30152. For more information, call (770) 429-1200.

Where the space provided is insufficient, attach additional sheets, but please do not write on the backside of pages. Submit a separate application, and a \$150.00 application fee (non-refundable) for each certification. Illegible, incorrectly or partially completed applications will be delayed until the problems are corrected.

Board Certification Type: **Christian Counseling or Therapist** \_\_\_\_\_

**I. PERSONAL INFORMATION**

1. FULL NAME \_\_\_\_\_

First Middle Last Maiden

Name \_\_\_\_\_ Degree \_\_\_\_\_

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

2. ADDRESS \_\_\_\_\_

\_\_\_\_\_

City State Zip

3. E-MAIL ADDRESS \_\_\_\_\_

\_\_\_\_\_

4. TELEPHONE NUMBER (HOME) \_\_\_\_\_ Work \_\_\_\_\_

5. DATE OF BIRTH \_\_\_\_\_

6. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER \_\_\_\_\_

6. 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

II. BOARD CERTIFICATION APPLICATION TYPE

7. Manner of Certification: (Check one)  By Application/Examination  By Reciprocity

8. Are you a(an): Pastor \_\_\_\_\_ Minister \_\_\_\_\_ Pastoral Counselor \_\_\_\_\_ Exhorter \_\_\_\_\_

Chaplain \_\_\_\_\_ Counselor \_\_\_\_\_ Lay Counselor \_\_\_\_\_ Evangelist \_\_\_\_\_

Applicants Name \_\_\_\_\_ Date \_\_\_\_\_

9. Are you: Ordained \_\_\_\_\_ Licensed \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Denomination: \_\_\_\_\_

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: \_\_\_\_\_

11. Have you held a license/certification in any jurisdiction, at any time, as a Professional Counselor, Marriage and Family Therapist, Social Worker, Christian Counselor and/or Therapist? ( ) Yes ( ) No

If your answer is 'No', go to question #13:

License/Certification Title \_\_\_\_\_

Jurisdiction \_\_\_\_\_ License/Certification Number \_\_\_\_\_

Date Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

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

b. Have you ever had a disciplinary action taken against you by the authority issuing the License/Certification? ( ) Yes ( ) No

c. Have you been refused renewal of the license pursuant to disciplinary proceedings? ( ) Yes ( ) No

If you checked "Yes" for either question "a", "b" or "c", enclose an explanation and a copy of the order, decree and other relevant documents.

13. Have you been the subject of disciplinary proceedings? ( ) Yes ( ) No If your answer is "Yes", explain and attach final disposition. \_\_\_\_\_

14. Have you ever 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. \_\_\_\_\_

15. 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. \_\_\_\_\_

16. 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", explain and attach final decree. \_\_\_\_\_

17. 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. \_\_\_\_\_

### III. BOARD CERTIFICATION BY RECIPROCITY

If you are applying for Board Certification by reciprocity complete the following questions.

a. Direct the board of those jurisdictions in which license/Certification is held to complete a Reciprocity Information/Verification letter, with a current copy of your license/certification and return it directly to this Board of Examiners office; and

b. Enclose with the application a copy of those jurisdiction's relevant licensing/certification laws, code of ethics or board rules.

18. List all professional Christian Counselor and/or Therapist licenses/certifications that you currently hold.

License/Certification Title \_\_\_\_\_

Jurisdiction \_\_\_\_\_ License/Certification Number \_\_\_\_\_

Date Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

License/Certification Title \_\_\_\_\_

Jurisdiction \_\_\_\_\_ License/Certification Number \_\_\_\_\_

Date Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

If you are applying for Board Certification by reciprocity, skip to page 7, Section VIII, question #25.

IV. GRADUATE AND UNDER-GRADUATE DEGREE EDUCATION

19. Complete the following for each college level degree that you want taken into consideration as part of this application. Submit an official copy of each transcript to the Board or direct the college registrar to send an official copy.

Degree \_\_\_\_\_ Date Awarded \_\_\_\_\_

Program \_\_\_\_\_

Name of Institution \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Degree \_\_\_\_\_ Date Awarded \_\_\_\_\_

Program \_\_\_\_\_

Name of Institution \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicants Name \_\_\_\_\_ Date \_\_\_\_\_

Degree \_\_\_\_\_ Date Awarded \_\_\_\_\_

Program \_\_\_\_\_

Name of Institution \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

List any additional graduate level courses that you want taken into consideration as part of this application.

a. For courses taken at an accredited college or university, direct the registrar to send an official transcript to the Board.

b. For Board approved courses taken at a training institute or other approved school, direct that school to send a transcript or other means of verification to the Board.

c. For any seminars or courses taken, send copy of appropriate certificate.

Course Title/Description: \_\_\_\_\_

Institution \_\_\_\_\_ Date Taken \_\_\_\_\_

Course Title/Description: \_\_\_\_\_

Institution \_\_\_\_\_ Date Taken \_\_\_\_\_

Course Title/Description: \_\_\_\_\_

Institution \_\_\_\_\_ Date Taken \_\_\_\_\_

Course Title/Description: \_\_\_\_\_

Institution \_\_\_\_\_ Date Taken \_\_\_\_\_

Course Title/Description: \_\_\_\_\_

Institution \_\_\_\_\_ Date Taken \_\_\_\_\_

Course Title/Description: \_\_\_\_\_

d. If you are applying for Board Certification and your degree is in counseling, theology, marriage and family studies or Bible, complete the items below. Indicate the titles and courses from your transcripts that satisfy the content area listed. List one Course per area as applicable.

Content Area Course Title

Temperament Theory and Therapy \_\_\_\_\_

Theological or Biblical Studies \_\_\_\_\_

Christian Counseling Theory and/or Therapy \_\_\_\_\_

Human Growth and Development \_\_\_\_\_

Social Cultural Foundations \_\_\_\_\_

The Helping Relationship \_\_\_\_\_

Group Dynamics, Processing and Counseling \_\_\_\_\_

Lifestyle and Career Development \_\_\_\_\_

Appraisal of Individuals \_\_\_\_\_

Research and Evaluation Professional Orientation \_\_\_\_\_

Applicants Name \_\_\_\_\_ Date \_\_\_\_\_

21. The applicants for Board Certification as a Christian Counselor and Therapist must have completed a minimum of four graduate level courses in the principles and practice of Christian Counseling and Therapy. List these courses below and document the program in which they were completed.

Institution \_\_\_\_\_ Date Taken \_\_\_\_\_

Course Title/Description: \_\_\_\_\_

Institution \_\_\_\_\_ Date Taken \_\_\_\_\_

Course Title/Description: \_\_\_\_\_

Institution \_\_\_\_\_ Date Taken \_\_\_\_\_

Course Title/Description: \_\_\_\_\_

Institution \_\_\_\_\_ Date Taken \_\_\_\_\_

Course Title/Description: \_\_\_\_\_

Institution \_\_\_\_\_ Date Taken \_\_\_\_\_

Course Title/Description: \_\_\_\_\_

Institution \_\_\_\_\_ Date Taken \_\_\_\_\_

Course Title/Description: \_\_\_\_\_

Institution \_\_\_\_\_ Date Taken \_\_\_\_\_

Course Title/Description: \_\_\_\_\_

#### V. PRACTICUM AND INTERNSHIP EXPERIENCE

Applicants for Board Certification must have completed a practicum/internship equivalent according to the rules established by the Board of Examiners. Certain individuals may apply up to one year practicum toward the professional experience requirement for licensing.

22. Complete (a) and (b) below. Check each practicum or internship which you intend to apply toward the professional experience requirement and submit a separate Practicum/Internship Verification form for each item checked.

Have you completed a practicum or internship as part of a degree program? ( ) Yes ( ) No

If your answer is "Yes", complete the following:

Degree: \_\_\_\_\_ Program: \_\_\_\_\_ Date: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

Site: \_\_\_\_\_ Total Hours on Site Experience: \_\_\_\_\_

Have you ever completed a practicum or internship other than as part of a degree program? ( ) Yes ( ) No

If your answer is "Yes", complete the following:

Program: \_\_\_\_\_ Date: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Site \_\_\_\_\_

Total Hours on Site Experience: \_\_\_\_\_

Program: \_\_\_\_\_ Date: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Site

Total Hours on Site Experience: \_\_\_\_\_

Applicants Name \_\_\_\_\_ Date \_\_\_\_\_

## VI. PROFESSIONAL EXPERIENCE

The number of years of professional experience, college degrees, applicable practicum and internship may be submitted for consideration with your application.

23. List in chronological order all your professional experience. Check those items which you are using to fulfill the experience requirement for Board Certification and submit a separate "Professional Experience Verification Form" (see Appendix B) for each item checked.

Use This Item

Date: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Duration: \_\_\_\_\_ Years \_\_\_\_\_ Months

Agency, Ministry or Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Use This Item

Date: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Duration: \_\_\_\_\_ Years \_\_\_\_\_ Months

Agency, Ministry or Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Use This Item

Date: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Duration: \_\_\_\_\_ Years \_\_\_\_\_ Months

Agency, Ministry or Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Use This Item

Date: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Duration: \_\_\_\_\_ Years \_\_\_\_\_ Months

Agency, Ministry or Employer: \_\_\_\_\_

Position: \_\_\_\_\_

VII. SUPERVISION

The number of hours and type of supervision required for Board Certification depend upon the graduate degree you hold. Supervision may have been obtained before, during or after your degree program, or during a practicum or internship.

24. Complete the following for each supervisor whose supervision you are using to fulfill this requirement. Submit a separate "Supervision Verification Form" (see Appendix C) for each supervisor.

Supervisor Name \_\_\_\_\_

Total hours of supervision in the practice of Counseling and Therapy \_\_\_\_\_

Supervisor Name \_\_\_\_\_

Total hours of supervision in the practice of Counseling and Therapy \_\_\_\_\_

Supervisor Name \_\_\_\_\_

Total hours of supervision in the practice of Counseling and Therapy \_\_\_\_\_

Applicants Name \_\_\_\_\_ Date \_\_\_\_\_

VIII. PERSONAL REFERENCES

25. List below the names of three persons who have been either your personal or professional advisor in the area in which you are seeking Board Certification, and who will support your application for Board Certification. Provide each with a "Letter of Reference" (see Appendix A) and ask them to return it promptly and directly to the Board of Examiners office.

Name \_\_\_\_\_

( ) Personal ( ) Professional ( ) Teacher ( ) Supervisor

Name \_\_\_\_\_

( ) Personal ( ) Professional ( ) Teacher ( ) Supervisor

Name \_\_\_\_\_

( ) Personal ( ) Professional ( ) Teacher ( ) Supervisor

26. Submit your personal testimony (including your salvation experience) using Appendix D.

27. Why would you like to pursue Board Certification as a Pastoral Counselor or Christian Counselor and Therapist?

IX. OATH

28. 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 attest that I am a resident of the State of Georgia, or that I intend to be within one year of the date of this application. I release from all harm the Board of Examiners for Christian Counselors and Therapists and authorize them to investigate and gather all information relevant to my application for



Board Certification. I have read, understand and agree to abide by the Code of Ethics as set forth by the Board of Examiners for Georgia Christian Counselors and Therapists.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

29. NOTARY

Applicant must have the application notarized.

Notary's Signature \_\_\_\_\_

Print Notary's Name \_\_\_\_\_

Date Term Expires \_\_\_\_\_

30. Personal Photo: The Board of Examiners requires a personal photo, e.g. a passport photo, approximately 2" x 2" to be attached to your application.