



*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.

**APPLICATION FOR BOARD
CERTIFICATION AS A
PASTORAL COUNSELOR**

Please type or print clearly.

Date: _____

All information must be filled out in full. A resume is unacceptable for the completion of any question on this application. Attach additional sheets if space is insufficient. However, please do not write on the back 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. For more information go to www.g-b-o-e.com or call 770.429.1200. Complete and mail to:

The Board of Examiners for Georgia Christian Counselors and Therapists

1635 Old 41 Hwy., Suite 112-222, Kennesaw, GA 30152.

Board Certification Type: **Pastoral**

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 _____

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

II. BOARD CERTIFICATION APPLICATION TYPE

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

Chaplain _____ Counselor _____ Lay Counselor _____ Evangelist _____

Ordained _____ Licensed _____ Denomination: _____

Church _____

Applicants Name _____ Date _____

9. 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: _____

10. License Title _____ License Number _____

11. Jurisdiction _____ Expiration Date _____

12. Have you ever had disciplinary action taken against you by the authority issuing the License?

() Yes () No If yes, Please explain _____

13. Have you ever been the subject of disciplinary proceedings or had your membership revoked by a professional organization, either secular or religious, governing the practice of counseling?

() Yes () No If your answer is "Yes", explain and attach final disposition. _____

14. 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. _____

15. 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.

16. 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.

IV. GRADUATE AND UNDER-GRADUATE DEGREE EDUCATION

17. Complete the following for each college level degree that you want taken into consideration. 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 _____

Degree _____ Date Awarded _____

Program _____

Name of Institution _____

Address _____

City _____ State _____ Zip _____

19. 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 _____

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.

20. 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. Personal References

21. 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. 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 are you pursuing Board Certification as a Pastoral Counselor?

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 The Board of Examiners for Christian Counselors and Therapists from all harm, 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.

APPENDIX A

LETTER OF REFERENCE

The applicant is applying for Board Certification as a Pastoral Counselor in the state of Georgia. As a reference, you are asked to give relevant information. For further information go to www.g-b-o-e.com or call 770.429.1200. (Applicant may make copies as needed.)

Please complete this form, and promptly mail it to:

The Board of Examiners for Georgia Christian Counselors and Therapists

1635 Old 41 Hwy., Suite 112-222

Kennesaw, GA 30152.

APPLICANT INFORMATION:

NAME: _____

First Middle Last Maiden

ADDRESS: _____

City State Zip

TO BE COMPLETED BY THE REFERENCE:

NAME: _____

First Middle Last

ADDRESS: _____

City State Zip

OCCUPATION / POSITION: _____

1. How long have you known this applicant? _____ Years
2. How are you acquainted with this applicant? Professionally Personally Supervisor
3. Can you vouch for the applicant's character? Yes No Not Sure
4. What is your assessment of the applicant's abilities to functions as a Pastoral Counselor?

5. What would you say are the applicant's strengths?

6. What would you say are the applicant's weaknesses?

7. What is your appraisal of the applicant's Christian life?

8. Would you recommend that the applicant be issued a Board Certification? Yes No

9. Briefly Explain:

Reference Signature _____ Date _____

APPENDIX B PROFESSIONAL EXPERIENCE VERIFICATION FORM

The applicant is applying for Board Certification as a Pastoral Counselor in the state of Georgia. As a present or former employer, church, ministry or agency, you are asked to give relevant information. For information call go to www.gboe.us or call 770.429.1200. Make copies as needed.

Please complete this form promptly and mail to:

The Board of Examiners for Georgia Christian Counselors and Therapists

1635 Old 41 Hwy, Suite 222
Kennesaw, Georgia 30152

APPLICANT INFORMATION

NAME: _____

First Middle Last Maiden

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TO BE COMPLETED BY THE EMPLOYER, CHURCH, MINISTRY OR AGENCY:

NAME: _____

First Middle Last

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ POSITION _____

1. How long did this applicant render services in your organization? ____ Years ____ Months

From: __/__/__ To: __/__/__

2. What position(s) did the applicant hold? _____

3. Applicant's performance? [] Excellent [] Good [] Fair [] Poor

4. Would you allow the applicant to work for you again? [] Yes [] No [] Not Sure

5. What is your assessment of the applicant's ability to function as a Pastoral Counselor?

[] Excellent [] Good [] Fair [] Poor

6. What would you say are the applicant's strengths? _____

7. What would you say are the applicant's weaknesses? _____

8. What is your appraisal of the applicant's Christian life? _____

9. Would you recommend that the applicant be issued a Board Certification? Yes No

Briefly Explain: _____

Signature _____ Date _____

APPENDIX D PERSONAL TESTIMONY

As an applicant applying for Board Certification as a Pastoral Counselor in the state of Georgia, your personal testimony is requested. This statement should include: (1) what your life was like before your salvation experience, (2) what changes occurred within your life and (3) a statement of your faith and trust in Jesus Christ as your personal Lord and Savior. This form is to be completed and returned with your application.

A printed page is always preferable, but if this is handwritten, please do not write on the backside of the page.

APPLICANT INFORMATION

NAME: _____

First Middle Last Maiden

ADDRESS _____

City State Zip

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER _____