



For Official Use Only

Date Rec'd: \_\_\_\_/\_\_\_\_/\_\_\_\_

Chk# \_\_\_\_\_ Amt \_\_\_\_\_

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

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

**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 go to: [www.g-b-o-e.com](http://www.g-b-o-e.com) or 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.

Certification Type: Pastoral \_\_\_\_\_

I. PERSONAL INFORMATION Date \_\_\_\_\_

1. FULL NAME

LAST

FIRST

MIDDLE

MAIDEN

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

**Print your name above exactly as you want it to appear on your certification.**

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

CITY

STATE

ZIP CODE

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

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

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

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

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. CERTIFICATION APPLICATION TYPE

7. If this is **not** a renewal, you must complete the application found at: [www.g-b-o-e.com](http://www.g-b-o-e.com)

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 or 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/Certification 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.*

**Applicants Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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. 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 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 \_\_\_\_\_

### NOTARY

Applicant must have the application notarized. Notary's seal must cover a portion of the applicant's photograph.  
Notary's Signature

Print Notary's Name

Date Term Expires

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.