



APPLICATION FOR BOARD

For Official Use Only

Date Rec'd: ____/____/____

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/or Julia Kelly

Email: Julia@TheOpusOneGroup.com.

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 (2 years and LGN Association) (non-refundable) for each certification. Illegible, incorrectly or partially completed applications will be delayed until the problems are corrected.

Board Certification Type: Counseling _____ Pastoral _____ Date _____

I. PERSONAL INFORMATION

1. FULL NAME _____
Maiden First Middle Last

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

Applicants Name _____

Date _____

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 _____

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. _____

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. BOARD CERTIFICATION BY RECIPROCITY

If you are applying for Board Certification by reciprocity complete the following questions. Otherwise, skip #19.

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 _____

Applicants Name _____ Date _____

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 _____

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 _____

Applicants Name _____ Date _____

Research and Evaluation Professional Orientation _____

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 _____

Applicants Name _____

Date _____

Total Hours on Site Experience: _____

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.

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.

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 _____

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 seal must not cover a portion of the applicant's photograph.

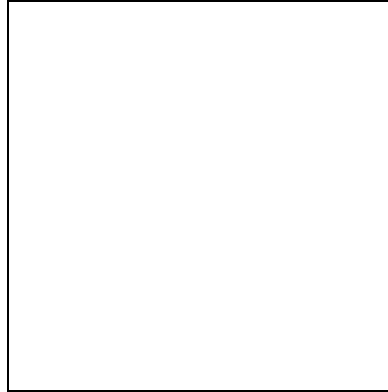
Applicants Name _____

Date _____

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.

LETTER OF REFERENCE

The applicant is applying for licensure as a Christian Counselor and therapist in the state of Georgia. As a reference, you are asked to give relevant information. This form is to be completed and promptly mailed to The Board of Examiners for Georgia Christian Counselors and Therapists at the following address: P. O. Box 725032, Atlanta, Georgia 31139-9032. For information call (770) 429-1200. *(Applicant may make copies as needed.)*

APPLICANT INFORMATION:

NAME: _____
First Middle Last Maiden

ADDRESS: _____
City State Zip

Applicants Name _____

Date _____

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 Christian 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?

Applicants Name _____

Date _____

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

9. Briefly Explain:

Applicants Name _____

Date _____