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## APPLICATION FOR CERTIFICATION AS A CHRISTIAN COUNSELOR AND THERAPIST

### Please type or print clearly

All information must be filled out in full. A resume' is not an acceptable substitute for the completion of any question on this application form. 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 not sufficient, attach additional sheets. Please do not write on the back side of pages. \$150.00 application fee (non-refundable). Applications not correctly completed will be delayed until all additional information has been received.

License Type: Counseling \_\_\_\_\_ Pastoral \_\_\_\_\_

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

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

LAST FIRST MIDDLE MAIDEN

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

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

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

CITY STATE ZIP CODE \_\_\_\_\_

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

4. DATE OF BIRTH \_\_\_\_\_

5. 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. Certification APPLICATION TYPE

7. Manner of Licensure: (Check one) [ ] By Application Examination [ ] By Reciprocity

8. Are you a: 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 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 Title \_\_\_\_\_

Jurisdiction \_\_\_\_\_ License Number \_\_\_\_\_

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

License Title \_\_\_\_\_

Jurisdiction \_\_\_\_\_ License Number \_\_\_\_\_

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

12. If you have ever held a license per above, complete the following items.

a. Have you had a license revoked, suspended or annulled?

( ) Yes ( ) No

b. Have you ever had a disciplinary action taken against you by the authority issuing the license?

( ) 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. Certification BY RECIPROCITY**

If you are applying for certification by reciprocity complete the following questions. Otherwise, skip to question #19.

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

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

18. List all certifications as a professional Christian Counselor and/or Therapist which you currently hold.

License Title \_\_\_\_\_

Jurisdiction \_\_\_\_\_ License Number \_\_\_\_\_

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

License Title \_\_\_\_\_  
Jurisdiction \_\_\_\_\_ License Number \_\_\_\_\_  
Date Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

*If you are applying for certification by reciprocity, skip to page 6, Section VIII, question #24.*

**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 \_\_\_\_\_

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.

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: \_\_\_\_\_

If you are applying for license 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 which 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 \_\_\_\_\_

**V. PRACTICUM AND INTERNSHIP EXPERIENCE**

Applicants for 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: \_\_\_\_\_

**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 license and submit a separate "Professional Experience Verification info.

[ ] 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 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 \_\_\_\_\_

### 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 license and who will support your application for license. Provide each with a "Letter of Reference" and ask them to return it promptly and directly to the Board of Examiners office 1635 Old41 Hwy Suite 112-222 – Kennesaw, GA. 30152

Name \_\_\_\_\_

Personal  Professional  Teacher  Supervisor

Name \_\_\_\_\_

Personal  Professional  Teacher  Supervisor

Name \_\_\_\_\_

Personal  Professional  Teacher  Supervisor

26. Submit your personal testimony (including your salvation experience)

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

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We also need need a picture and this document Notoraized.