



For Official Use Only
Date Rec'd: ____/____/_____
Chk# _____ Amt _____
Expiration Date: _____

APPLICATION FOR BOARD CERTIFICATION

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
, or email Julia@theopusonegroup.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 \$150.00 (non-refundable) application fee. Illegible, incorrectly or partially completed applications will be delayed until the problems are corrected. Upon verification of all the enclosed information we will be contacting you for a short oral interview (either in person or by phone).

I. PERSONAL INFORMATION

1. FULL NAME _____
First Middle Maiden (if applicable) Last

Name _____ Degree _____

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

2. ADDRESS _____

City State Zip

3. E-MAIL ADDRESS _____

4. TELEPHONE NUMBER (Work) _____ (Cell) _____

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. Check all which apply: 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. _____

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 for Georgia Christian Counselors and Therapists 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 8, 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.

(a) 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: _____

(b) 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 See Appendix "C"

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.

Applicant's name _____

Address _____

Supervisor Name _____ Phone _____

Address _____

VIII. PERSONAL REFERENCES

25. List 3 persons who have been either a 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 to the Board of Examiners for Georgia Christian Counselors and Therapists: 1635 Old 41 Hwy. Suite 112-222, Kennesaw, GA 3015225

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 Christian Counselor and Therapist?

28. I attest that the information provided is true and accurate to the best of my knowledge and 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 _____

APPENDIX A Letter of Reference

The applicant is applying for certification 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 mailed directly to the Board of Examiners for Georgia Christian Counselors and Therapists: 1635 Old 41 Hwy. Suite 112-222, Kennesaw, GA 30152. If you have any questions call (770) 429-1200 or email julia@theopusonegroup.com

Applicant's Info Name _____

Address _____

TO BE COMPLETED BY THE REFERENCE:

NAME: _____

ADDRESS: _____

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 Christian Counselor and Therapist in Georgia. As a present or former employer, church, ministry, or agency, you are asked to give relevant information. For information go to www.G-B-O-E.com or e-mail julia@theopusonegroup.com 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 112-222, Kennesaw, GA 30152

APPLICANT INFORMATION

NAME: _____

ADDRESS _____

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

NAME: _____

ADDRESS _____

PHONE _____ POSITION _____

1. How long did this applicant render services in your organization? 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 Christian Counselor and Therapist?
 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 C 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.

Complete the following for each supervisor whose supervision you are using to fulfill this requirement and Have then to return it directly to:

The Board of Examiners for Georgia Christian Counselors and Therapists:
1635 Old Hwy. 41, Suite 112-222, Kennesaw, GA 30152

Applicant's name _____

Address _____

Supervisor Name _____ Phone _____

Address _____

Total hours of supervision in the practice of Counseling and Therapy _____

I attest that I have supervised the above from _____ to _____

Signature _____ Date _____

