



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](http://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.

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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. \_\_\_\_\_

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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 \_\_\_\_\_

VI. PASTORAL 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. Personal Photo: The Board of Examiners requires a personal photo, e.g. a passport photo, approximately 2" x 2" to be emailed with your application as a separate file.

Application and all applicable files should be emailed to [julia@theopusonegroup.com](mailto:julia@theopusonegroup.com)

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](http://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?

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

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

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

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

9. Briefly Explain:

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Reference Signature \_\_\_\_\_ Date \_\_\_\_\_

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.g-b-o-e.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 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 \_\_\_\_\_

C. 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 \_\_\_\_\_