



For Official Use Only

Date Rec'd: ____/____/____

Chk# _____ Amt _____

Expiration Date _____

RENEWAL 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. For information go to: www.g-b-o-e.com, or email julia@theopusonegroup.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.

Where the space provided is insufficient, attach additional sheets, but please do not write on the back of the pages. Submit with your \$150.00 (non-refundable) application fee.

Illegible, incorrectly or partially completed applications will be delayed until the problems are corrected.

Certification Type (select one): **Pastoral Counselor** **Christian Counselor and Therapist**
Date _____

I. PERSONAL INFORMATION

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

If this is **not** a renewal, you must complete the **NEW** applicant application found at: www.g-b-o-e.com

8. Check all which apply): Pastor _____ Minister _____ Pastoral Counselor _____ Exhorter _____
Chaplain _____ Counselor _____ La y 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 _____

28. 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

Applicants Name: _____ **Date:** _____