

APPLICATION FOR LICENSURE AS A PASTORAL COUNSELOR

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

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 at, P. O. Box 725032, Atlanta, Georgia 31139-9032. For more information call (770) 429-1200.

Where the space provided is not sufficient, attach additional sheets. Submit a separate application and \$100.00 application fee (non-refundable) for each license. Applications not correctly completed will be delayed until all additional information has been received.

I. PERSONAL INFORMATION

1. NAME

LAST
FIRST
MIDDLE
MAIDEN

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

2. ADDRESS

CITY _____ STATE _____ ZIP CODE _____

3. TELEPHONE NUMBER (HOME) _____ WORK _____

4. DATE OF BIRTH _____

5. 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

7. Are you a: ___ Pastor ___ Minister ___ Pastoral Counselor ___ Exhorter
 ___ Chaplain ___ Counselor ___ Lay Counselor ___ Evangelist

8. Are you: ___ Ordained ___ Licensed

Church Affiliation: _____

Denomination: _____

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: _____

License Title _____

Jurisdiction _____ License Number _____

Date Issued _____ Expiration Date _____

10. 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. _____

11. 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. _____

12. 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. _____

13. 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. _____

GRADUATE AND UNDER-GRADUATE DEGREE EDUCATION

14. Complete the following for each college level degree that you want taken into consideration as part of this application. Submit a copy of each transcript or a copy of your diploma to the Board

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 _____

15. 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: _____	

Institution _____	Date Taken _____
Course Title/Description: _____	

Institution _____	Date Taken _____
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Course Title/Description: _____

Institution _____ Date Taken _____
Course Title/Description: _____

VI. PROFESSIONAL EXPERIENCE

The number of years of counseling experience, college degrees, applicable practicum and internship may be submitted for consideration with your application.

16. 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 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: _____

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

17. 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" (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

18. Submit your personal testimony (including your salvation experience) using Appendix D form.

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

IX. OATH

20. 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 license. 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

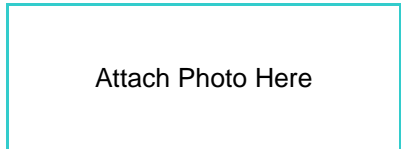
21. NOTARY

Applicant must have the application notarized. Notary's seal must cover a portion of the applicant's photograph.

Notary's Signature

Print Notary's Name

Date Term Expires





22. Personal Photo: The Board of Examiners requires a personal photo approximately 2" x 2" to be attached to your application.

APPENDIX A
LETTER OF REFERENCE

The applicant is applying for licensure as a Pastoral Counselor 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: _____
Last First Middle Maiden

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SS# _____

TO BE COMPLETED BY THE REFERENCE:

NAME: _____
Last First Middle Maiden

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SS# _____

OCCUPATION / POSITION: _____

1. How long have you known this applicant? _____ Years

2. In what way 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 license? [] Yes [] No
Briefly Explain: _____

**APPENDIX B
PROFESSIONAL EXPERIENCE VERIFICATION FORM**

The applicant is applying for licensure 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. 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: _____
Last First Middle Maiden

ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
SS# _____

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

NAME: _____
Last First Middle Maiden

ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: () _____ - _____

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. What is your assessment of the applicants performance?
[] Excellent [] Good [] Fair [] Poor

4. Would you allow the applicant to work for you again? [] Yes [] No [] Not Sure
