

LOUISIANA CHAPLAINS' ASSOCIATION, INC.
BOARD OF CERTIFICATION
APPLICATION FOR CERTIFICATION AS A CLINICAL CHAPLAIN or
LCA MEMBERSHIP

Patricia A. Williams, BOC, 6495 San Juan Dr. ,Baton Rouge, Louisiana, 70811
E-mail address—wasp900@cox.net
PHONE NUMBERS: (225)355-8410

DATE: _____

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TO THE APPLICATION FOR CERTIFICATION

Enclose please find an application for certification as a clinical chaplain by the Louisiana Chaplains Association Inc., Please complete and return to the above address. The Board of certification will review your application within 30 days. A checklist of requirements for certifications is listed below.

REQUIREMENTS FOR CERTIFICATION

1. At least twenty-one years of age.
2. Is not in violation of any ethical standard subscribed to by the Board.
3. Has not been convicted for a felony. (However the Board waives this requirement upon review of the individual's circumstance.)
4. Possesses a Baccalaureate degree from an accredited institution of higher education (or its equivalent acceptable to the Board of Certification).
5. Possesses a Master of Divinity degree from an accredited (or it equivalent acceptable to the Board of Certification).
6. Provides evidence of successful completion of four certified units of Clinical Pastoral Education (or its equivalent acceptable to the Board of Certification) as attested by a nationally recognized agency as the Association for Clinical Pastoral Education.
 - a. Substitution for a maximum of three of the four CPE units:
 - i. Masters degree in a field closely related to pastoral care, along with the one essential unit.
 - ii. Six semester hours of Clinical Pastoral Training in an institutional setting, but under an accredited college or seminary.
 - iii. One year or more of pastoral experience for each unit of Clinical Pastoral Education after one essential unit.
7. Provide to the Board an endorsement or credentials stating the candidate are in good standing with a nationally recognized religious denomination.
8. Demonstrates professional competence in pastoral care by successfully meeting the examining committee.
 - a. The Board shall determine the scope and administration of the interview.
 - b. The candidate who does not satisfactorily complete the interview but meets all other requirements may appear before an examining committee again.
9. Each application for a certificate shall be accompanied by a \$25.00 fee prescribed by the Board.

APPLICANTS FOR LCA MEMBERSHIP ONLY

Applicants will need to complete the same application form, but it is not necessary to have it notarized. Payment may be made by personal check. Send it to the same address as indicated above. If there are questions please contact either myself at Jetson Center for Youth, (225) 778-9158 or 355-8410. Please include the \$ 25.00 application fee.

[Application Fee subject to change to include price for Criminal History Record Check]

THANK YOU FOR YOUR INTEREST IN LCA!

LOUISIANA CHAPLAINS' ASSOCIATION, INC.
 APPLICATION FOR CERTIFICATION AS A CLINICAL CHAPLAIN

Instruction: TYPE or PRINT legibly. Complete all sections of the application. Incomplete applications WILL NOT be processed

PERSONAL INFORMATION:

Name _____ Social Security _____
 (Last) (First) (Middle/Maiden)

Address _____

Phone: Home _____ Work _____ Fax _____ Cell _____

Date of Birth _____ Age _____ Place of Birth _____

Are you a resident of Louisiana? Yes No

Are you a citizen of the United States? Yes No

Have you ever been convicted of a felony? Yes No

If yes, state the felony, date of conviction, name the location of court (City, Parish, State) on a separate attached sheet; also, if the conviction was set aside, give date and explain using the separate attached sheet.

EDUCATION:

Have you received a high school diploma or equivalency certificate?

Yes Date Received _____

No Highest Grade Completed _____

Name of College or University (City and State) Include Seminary/Graduate/Professional Schools	Dates Attached Month and year From---To		Total credit hours earned	Type of Degree Earned (BA, MA, etc.)	Major Field of Study	Date Degree Received Month and Year

NOTE: Transcripts must be submitted to the Board of Certification along with this application.

EQUIVALENCY: _____

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Print Last Name _____

Have you successfully completed four certified units of Clinical Pastoral Education (CPE) as attested by a nationally recognized agency as the Association for Clinical Pastoral Education?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, give name and address of institution (s), dates completed.

CLINICAL PASTORAL EDUCATION:

NOTE: Certificates of completion of CPE must be submitted along with this application.

EQUIVALENCY: _____

ECCLESIASTICAL STATUS

Church Membership <small>(Include church address and denomination)</small>	
Ordination <small>(Include church address and date)</small>	
Endorsing Agency <small>(Include Address)</small>	
Date of Endorsement	

Note: Please provide copies of the licenses, endorsements and/or ordination papers along with this application

PROFESSIONAL COUNSELING EXPERIENCE:

Have you ever been denied a professional license and or certificate? If yes, state reasons on an attached sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you possess or have you ever possessed a professional license or certificate to practice pastoral counseling or a related profession by Louisiana and/or any other state?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please supply the below information.

Type of License or Certificate	Date Issued	Expiration Date	Name and address of Licensing or Certifying Agency

Note: Please provide copies of the licenses or certificates along with this application.

LOUISIANA CHAPLAINS' ASSOCIATION, INC
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Print Last Name _____

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List below the counseling experience you claim as qualifying experience for obtaining a certificate

Name and address of Agency	Your title/position	Date Begun	Date Ended	Hours/week	Brief Description of Duties

EMPLOYMENT EXPERIENCE

Name and Address of Agency	Your Title/Position	Date Begun	Date Ended	Hours/Week	Brief Description of Duties

REFERENCES:

Please provide the following information for three references of people familiar with your life and ministry.

NAME	ADDRESS	PHONE	RELATIONSHIP
		H O C	
		H O C	
		H O C	

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Print Last Name _____

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MISCELLANEOUS:

The applicants must provide a recent photograph that is un-mounted, 2" X 3" frontal view showing the applicant's head and shoulders and SIGNED ACROSS THE FRONT.

The applicant must submit a non-refundable fee of \$25.00 (a cashiers check, money order or bank draft made payable to the Louisiana Chaplains' Association) a long with this application. NOTE: Personal checks will not be accepted.

The applicant will appear personally before the Board of Certification as a part of the application process.

Provisional certification may be granted pending completion of CPE requirements.

AFFIDAVIT: (Must be properly notarized!)

I, the below named applicant, being duty sworn, do hereby affirm that I am the person referred to in this application for certification as a Certified Clinical Chaplain in the State of Louisiana, and that all foregoing statements and enclosures are true in every respect. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of certification as a Clinical Chaplain in the State of Louisiana.

I authorize the Chaplain's Board of Certification to make such inquiry as necessary in validating information contained in this application. I acknowledge that the Board of Certification may require further evidence that it deems reasonable and proper in processing this application. I understand that the Board has the final decision and authority with reference to this application. Enclosed is the non-refundable application fee made payable to the Louisiana Chaplains' Association in the form of a money order, cashier or bank draft.

State of Louisiana

Parish _____

Applicant's Signature _____ Date: _____

Subscribed and sworn before me this _____ day of _____ (month) _____ (year) _____

Notary Public's Signature _____

Notary Public's Name typed _____

Notary Public's Seal

Please use rubber stamp in clear area below.

My Commission Expires: _____

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Print Last Name _____

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AUTHORIZATION OF RELEASE INFORMATION

NAME:	PHONE: HOME: WORK:
ADDRESS:	
CITY/STATE/ZIP:	
FAX:	EMAIL:

I hereby authorize the Louisiana Chaplains Association, Inc. Board of Directors to distribute my name and pertinent information to both public and private institutions in the state of Louisiana seeking a certified chaplain for employment.

Date	Signature
	Print

Check those that apply

- I am interested in employment opportunities in any parish in the state of Louisiana.
- I am interested in employment opportunities only in parish indicated below.

- | | | | | |
|-------------------------------------|---|--|---|---|
| <input type="checkbox"/> Acadia | <input type="checkbox"/> Concordia | <input type="checkbox"/> Lafayette | <input type="checkbox"/> Red River | <input type="checkbox"/> Tangipahoa |
| <input type="checkbox"/> Allen | <input type="checkbox"/> DeSoto | <input type="checkbox"/> Lafourche | <input type="checkbox"/> Richland | <input type="checkbox"/> Tensas |
| <input type="checkbox"/> Ascension | <input type="checkbox"/> East Baton Rouge | <input type="checkbox"/> Lasalle | <input type="checkbox"/> Sabine | <input type="checkbox"/> Terrebonne |
| <input type="checkbox"/> Assumption | <input type="checkbox"/> East Carroll | <input type="checkbox"/> Lincoln | <input type="checkbox"/> St. Bernard | <input type="checkbox"/> Union |
| <input type="checkbox"/> Avoyelles | <input type="checkbox"/> East Feliciana | <input type="checkbox"/> Livingston | <input type="checkbox"/> St. Charles | <input type="checkbox"/> Vermilion |
| <input type="checkbox"/> Beauregard | <input type="checkbox"/> Evangeline | <input type="checkbox"/> Madison | <input type="checkbox"/> St. Helena | <input type="checkbox"/> Vernon |
| <input type="checkbox"/> Bienville | <input type="checkbox"/> Franklin | <input type="checkbox"/> Morehouse | <input type="checkbox"/> St. James | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Bossier | <input type="checkbox"/> Grant | <input type="checkbox"/> Natchitoches | <input type="checkbox"/> St. John the Baptist | |
| <input type="checkbox"/> Caddo | <input type="checkbox"/> Iberia | <input type="checkbox"/> Orleans | <input type="checkbox"/> St Landry | <input type="checkbox"/> Webster |
| <input type="checkbox"/> Calcasieu | <input type="checkbox"/> Iberville | <input type="checkbox"/> Ouachita | <input type="checkbox"/> St. Martian | <input type="checkbox"/> West Baton Rouge |
| <input type="checkbox"/> Caldwell | <input type="checkbox"/> Jackson | <input type="checkbox"/> Plaquemine | <input type="checkbox"/> St. Mary | <input type="checkbox"/> West Carroll |
| <input type="checkbox"/> Cameron | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Pointe Coupee | <input type="checkbox"/> St. Tammany | <input type="checkbox"/> West Feliciana |
| <input type="checkbox"/> Catahoula | <input type="checkbox"/> Jefferson Davis | <input type="checkbox"/> Rapides | | <input type="checkbox"/> Winn |
| <input type="checkbox"/> Claiborne | | | | |