



# Application for the Academy of Certified Chaplains

## American Psychotherapy Association® Membership Application



### Membership Information

(Please print or type all information) Circle one: Rev. Dr. Prof. Mr. Mrs. Ms. Miss Other \_\_\_\_\_

First Name		M.I.	Last Name	
Address			Date of Birth	
City/State/Zip				
Office Phone		Home Phone		Fax
Email			Highest Degree	
How did you hear about the Academy?				
Clergy Endorsement		License/Certificate#		State

Print your name as you would like it to appear on your certificate (including designations). Designations must have documentation on file before they will be listed:

### American Psychotherapy Association Membership Categories (check only one box)

**Non-Certified Categories:** (Membership only) **Please sign the back of this application →→→→→**

**Membership:** Annual dues \$165 \$165

**Life Member:** Never pay dues again \$2,500 \$2,500

**Certified Categories:** (Membership and certification) **Please be sure to complete both sides of application →→→→→**

**Academy Certified Chaplain Level One (ACC-I):** Annual dues \$165 + one-time certification fee \$100 less \$70 discount \$195

**Academy Certified Chaplain Level Two (ACC-II):** Annual dues \$165 + one-time certification fee \$230 less \$50 discount \$345

**Academy Certified Master Chaplain Level Three (ACMC-III)**  
Annual dues \$165 + one-time certification fee \$380 less \$50 discount \$495

**Current Member:** (Member ID number \_\_\_\_\_) ACC-I-\$100, ACC-II-\$230, ACMC-III-\$380 \$ \_\_\_\_\_

**Academy Certified Master Chaplain badge**  Belt-clip version \$150

**Academy Certified Chaplain Challenge Coin** \$19.95

### Please select your area(s) of expertise:

- |  |  |   |   |  |
|--|--|---|---|--|
| <input type="checkbox"/> Aftercare Programs      | <input type="checkbox"/> Emergency Personnel | <input type="checkbox"/> Incarceration Facilities | <input type="checkbox"/> Nursing Homes          | <input type="checkbox"/> School          |
| <input type="checkbox"/> Assisted Living Centers | <input type="checkbox"/> Fire Departments    | <input type="checkbox"/> Industrial Facilities    | <input type="checkbox"/> Police Department      | <input type="checkbox"/> Sporting Events |
| <input type="checkbox"/> Aviation                | <input type="checkbox"/> First Responder     | <input type="checkbox"/> Juvenile Facilities      | <input type="checkbox"/> Political Arena        | <input type="checkbox"/> Sports Stadiums |
| <input type="checkbox"/> Corporate               | <input type="checkbox"/> Hospice             | <input type="checkbox"/> Mental Health Facilities | <input type="checkbox"/> Rescue Mission         | <input type="checkbox"/> Other _____     |
| <input type="checkbox"/> Counseling Centers      | <input type="checkbox"/> Hospitals           | <input type="checkbox"/> Military                 | <input type="checkbox"/> Retirement Communities |  |

### Payment Processing

**Payment must accompany application.** Payment plans, by credit card only, are available for Academy Certified Chaplains. For the payment plan, a minimum down payment of \$150 must be made and the balance paid in monthly payments (minimum \$100) automatically charged to your credit card. Certificates will be issued upon receipt of full payment. There is a \$50 administrative fee deducted for all cancelled and/or denied applications.

Check enclosed (Please make checks payable to: American Psychotherapy Association)

Money order  Visa  MasterCard  American Express

Paid in full \$ \_\_\_\_\_

Please accept \$ \_\_\_\_\_ (min. \$150) as a down payment with \$ \_\_\_\_\_ (min. \$100) per month until balance is paid in full.

Card Number	Expiration date	Signature
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# Application for the Academy of Certified Chaplains

- To be considered for **Academy Certified Chaplain-I**, your score must total a minimum of **100 points** based on education, experience, knowledge, skill, and training. For **Academy Certified Chaplain-II**, your score must total a minimum of **250 points**, and for **Academy Certified Master Chaplain-III**, your score must total a minimum of **500 points**.
- A copy of your resume, degree, letter of recommendation, ordination, license (if applicable), and other supporting documentation must accompany your application.

## Certification Information

### Education:

**Award points for the highest degree only.**

**Must have a minimum of a bachelor's degree approved by a lawfully operating college or university.**

Award 50 points if you have a bachelor's degree **OR**

Award 75 points if you have a master's degree **OR**

Award 100 points if you have a doctoral degree.

**Points**

**Score**

### Experience:

**Must have at least 2 years of professional experience.**

Award 10 points for each year of professional experience.

10x \_\_\_\_\_ = \_\_\_\_\_

Award 100 points for ordination or clergy endorsement.

### Knowledge:

Award 100 points for each book you have authored or co-authored.

100x \_\_\_\_\_ = \_\_\_\_\_

Award 15 points for each article you have authored or co-authored.

15x \_\_\_\_\_ = \_\_\_\_\_

Award 10 points for each paper you have presented at a professional meeting.

10x \_\_\_\_\_ = \_\_\_\_\_

### Skill:

**Must provide documentation to support.**

Award 25 points for each Certification, Diplomate or Fellow status, or professional license you presently hold.

25x \_\_\_\_\_ = \_\_\_\_\_

Award 20 points for any other significant award or honor you have received.

20x \_\_\_\_\_ = \_\_\_\_\_

Award 75 points for each national conference presentation, online course developed, or *Annals* CE article published.

75x \_\_\_\_\_ = \_\_\_\_\_

### Training:

Award 25 points for each clinical pastoral education (CPE) unit you have completed.

25x \_\_\_\_\_ = \_\_\_\_\_

Award 1 point for each continuing education credit earned within the last five years.

1x \_\_\_\_\_ = \_\_\_\_\_

### Bonus Points:

Include other information about relevant activities. We will factor that information in when evaluating the application. Specify how many points you feel should be awarded based on this information, and add these points to your total score. Attach additional pages if necessary:

1x \_\_\_\_\_ = \_\_\_\_\_

**Total Points:** \_\_\_\_\_

List two professional references:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I certify that the above information is true and correct and I am not misleading or providing false information to the Academy of Certified Chaplains, a division of the American Psychotherapy Association. I may be asked to provide additional documentation. I understand that APA reserves the right to verify any and all of the information I provide. If I would misrepresent my credentials, refuse to provide documentation at a later time if asked, or allow my membership in the APA to lapse, I understand and agree that my membership will be terminated. I agree to hold harmless and indemnify APA and its officers, directors, employees, and agents for any misrepresentations of my credentials and for all claims, loss, damage, and judgment expense. I certify that I have not been convicted of a felony. I have not been disciplined for any ethical violation in the past 10 years, nor am I under investigation by any legal authority or licensing board. If any of the above is not true, please provide a separate letter of explanation. APA does not endorse, guarantee, or warrant the work or opinions of any individual member. Membership in APA does not imply licensing by the organization of a member's qualifications, abilities, or expertise. The objective of the APA's publications and the activities that it sponsors is for informative and educational purposes. The views expressed by the authors, publishers, or presenters are their own and do not necessarily reflect those of the APA. The APA/Academy of Certified Chaplains does not assume any responsibility or liability for its members or subscriber's efforts to apply or utilize the information, suggestions, or recommendations made by the organization, publication resources, or activities. I agree that I will not use APA/Academy of Certified Chaplains products in any illegal or unethical way.

**Full Name (please print)** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## 4 Easy Ways to Apply!

• **Toll Free:** (800) 205-9165 • **Online:** www.americanpsychotherapy.com

• **Fax:** (417) 823-9959 • **Mail:** your completed form to: American Psychotherapy Association®, 2750 E. Sunshine, Springfield, MO 65804

Please be sure to complete both sides of this application →→→→→