



IACCP Mission Statement

Attach Photo
Here

To promote the profession and practice of Counseling Services, while encouraging the training and networking of caring professionals for future generations.

IACCP through the work of its members strives to:

- Provide certification, fellowshiping and Networking of Christian Counseling Professionals on a national and international basis.
- Commit to recruit new members and retain and revitalize present membership.
- Promote Professional Counseling practices that are ethically sound, clinically competent, theologically grounded and sensitive to multiple faith and spiritual practices.
- Provide professional formation, credentialing and collegial membership for those who seek to integrate the resources of spirituality, theology and faith traditions into their professional practice.
- Provide opportunities for training and continuing education for spiritual and professional development.

Please PRINT or type application and send completed form to:

VINM/IACCP
1115 D Street
Ramona, CA 92065
ATTN: Delores Horsman, M.A.

IACCP APPLICATION FOR MEMBERSHIP

Note: You may answer on a separate document; but be sure to include the questions with your answers. Thank you.

All IACCP members should have or obtain and maintain their own 501C3 (or whatever legal licensing required in their nation).

Referring IACCP member(s): _____

Your Name _____

Address _____

City _____ State _____ Zip _____

Gender _____ Date of birth _____

Marital Status _____ Anniversary _____

Name of Spouse _____

Number of Children _____ Names of Children

Business Phone _____ Home Phone _____

Mobile Phone _____ Fax _____

E-mail _____ Website _____

Are you an ordained Minister YES NO

Ordaining Institution and Address

Do you desire to be ordained? YES NO

Education: High School Technical School College Graduate School

Degrees/Diplomas _____

From: _____

Certifications/Licenses _____

Honors or achievements:

1. Other professional qualifications or experience:

2. Membership in clubs or associations:

3. Hobbies, gifts or other interests:

4. Membership in denominations or movements, past and present: _____

5. Present Home Church: _____

6. Other Affiliations or associations _____

7. Length of time in present ministry: _____

8. Name of your current ministry _____

9. Position(s) you now hold with this ministry:

10. Position(s) you have held in the past

Describe your primary area of counseling ministry expertise:

How do you fulfill this ministry?

Please answer the following questions completely:

1. Give a brief statement of your Christian journey.
2. In what areas of ministry do you feel specifically gifted and called?
3. Briefly describe your ministry experience.
4. Describe your personal vision for ministry.
5. Which, if any foreign languages do you speak, read, or write fluently?
6. What do you consider your two greatest strengths, and how do you use them, or plan to use them?
7. What do you consider your two greatest weaknesses, and what are you doing to correct them?
8. Have you ever been convicted of a crime? If yes, explain, including any punishment received.
9. Write a one-paragraph statement on what you most want to accomplish with your life.
10. What are your reasons for wanting to be part of IACCP? How do you feel *IACCP* can help you fulfill your ministry vision?
11. Attach a short bio for the website, and be sure to enclose resume/vitae and transcripts of qualifying work.

The Four Levels of **IACCP** Certification

Please indicate the level for which you are seeking membership.

Level 1 – Christian Counseling Professional-Training And Allied Health Professionals

1. Students and interns, or allied health professional who do counseling as a part of their ministry, who have yet to achieve full entrance into their specific profession.
2. Complete the Application and the Level 1 exam. Association dues are \$49.00

Level 2 – Christian or Pastoral Counselor

1. Obtain an Application and complete Level 1 and 2 exams. Association dues are \$99.00

Level 3 – Clinical Christian or Pastoral Counselor

1. Obtain an Application and complete Level 1, 2 and 3 exams. Association dues are \$129.00

Level 4 – Doctoral Diplomat in Christian or Pastoral Counseling

- 1., Obtain an Application and complete Level 1-4 exams. Association dues are \$149.00

Training Center Membership: \$199.00

Basic Membership

My signature below indicates that I desire to be in covenant relationship with IACCP. I understand and agree with the idea of accountability to one another. I have read the vision statement and the expectations, and understand them.

Signature _____

Date _____

PERSONAL REFERENCES: Please list as references three functioning five fold ministry individuals who are in relationship with you and send each person a request for Reference so that they can return it to us.

1. Name _____

Address _____

Phone _____ E-mail _____

Relationship _____ years known _____

2. Name _____

Address _____

Phone _____ E-mail _____

Relationship _____ years known _____

3. Name _____

Address _____

Phone _____ E-mail _____

Relationship _____ years known _____