

# National Institute of Business and Industrial Chaplains

## Application for Re-certification as a Certified Chaplain

In order to process your application more efficiently, please submit it when you have accumulated the full **50** contact hours required each year. When entering information, please provide as much detail as possible. If it is not apparent from the title of the course, workshop, or seminar that it is related to chaplaincy, please include an explanation on an attached sheet. Incomplete or illegible applications may be returned.

Name \_\_\_\_\_

E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone (mobile) \_\_\_\_\_ Phone (work) \_\_\_\_\_ Fax \_\_\_\_\_

Endorsing Agent \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

If any information in the above items has changed from last year, please check this  box.  
**SPECIALIZED AREA** (Please include copies of supporting documentation)

\_\_\_\_\_

\_\_\_\_\_

### PROFESSIONAL ETHICS (Minimum of 3 contact hours required - Maximum 15 contact hours)

Program Title or Description Hours	Location	Dates	Contact

### CONTINUING EDUCATION (No maximum contact hours restriction)

Program Title or Description Hours	Location	Dates	Contact

### INSTRUCTIONAL ACTIVITIES (Maximum 20 contact hours)

Program Title or Description Hours	Location	Dates	Contact

### PUBLIC LEADERSHIP (Maximum 10 contact hours)

Program Title or Description Hours	Location	Dates	Contact

RESEARCH (Maximum 20 contact hours)

Program Title or Description Hours	Location	Dates	Contact

JOURNALS READ (Maximum 20 contact hours)

Program Title or Description Hours	Location	Dates	Contact

CONSULTING / MENTORING (Maximum 10 contact hours)

Program Title or Description Hours	Location	Dates	Contact

PROFESSIONAL ORGANIZATIONS ACTIVITY (Maximum 10 contact hours)

Program Title or Description Hours	Location	Dates	Contact

\_\_\_\_\_ I am participating in peer supervision, consultation, or other equivalent review.

In keeping with NIBIC's code of ethics, I hereby attest that all facts presented on this application are correct and complete. I grant permission to NIBIC to make inquiries that the Institute may deem necessary to verify my credentials. I understand that it is my responsibility to maintain supporting documentation which I may be required to submit as evidence for contact hours claimed. I further understand that NIBIC employs a random audit review process of applications. I agree to abide by the rules and decisions of NIBIC and understand that falsifying hours on this application is grounds for revoking certification.

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

Please send the application, all attachments and the yearly dues of \$65 to:

The National Institute of Business & Industrial Chaplains  
1900 St. James Place, Suite 880  
Houston, TX 77056