

National Institute of Business and Industrial Chaplains, Inc.

Application Form for Status as a Certified Chaplain

Date _____
Name _____
Date of Birth _____ SSN _____
Address _____
Phone (mobile) _____ Phone(work) _____
E-mail: _____ FAX _____
Religious Denomination _____ Date of Ordination/Commissioning _____
Endorsing Agent _____ Phone _____
Address _____
Your Employer _____
Your Supervisor _____ Title _____ Phone _____
Number of people for whom you provide services in the workplace _____
Address _____
When did you join NIBIC? _____ When did you become a Clinical Member? _____

Describe advanced competencies, including specialized clinical training, licenses and certifications.

List professional organizations of which you are a member; include membership level and honors / offices held.

Describe participation in peer supervision, consultation, or other review.

Provide the following with this application form.

- Code of Ethics Statement, signed
- Proof of Ecclesiastical Endorsement
- Autobiographical account of spiritual and professional development
- Proof of CPE or equivalent and advanced competency in a specialized area of business or industrial chaplaincy

When Certification application is completed, submit with your \$65 yearly membership dues plus \$10 fee for initial application processing.

By granting the status of Certified Chaplain, NIBIC certifies that according to information supplied by the candidate, this member has met the highest standards of excellence of this profession. NIBIC does not provide direct local supervision of the Certified Chaplain. It is the duty of the Certified Chaplain to maintain local peer supervision, consultation or other equivalent professional review.

I attest that all information I have provided regarding the membership process is true. I also understand that certification does not imply in any way that NIBIC is legally liable for the individual actions of its members. Certification affirms that the member has documented attainment of the highest standards of practice for the profession.

Signature _____ Date _____

Rev. 1/2014