

Application for Certification



Section 1. Demographics

Last Name

First Name

Middle Initial

Home Address

City

State

Zip

Mobile Phone Number

Email Address (work)

Email Address (home)

Date of Birth

Gender

Are you currently a member of NAJC?

Yes

No

Salutation

Section 2. Education and Clinical Training

Number of completed CPE units

Are you requesting equivalency for graduate theological education?

Yes

No

If yes, document in detail on the Education Equivalency Worksheet how the equivalent theological education meets the criteria.

Member Application



Section 3. Educational Background Details

Institution(s)

Date(s)

Degree(s)

Major(s)

Section 4. Experience Equivalency

Are you requesting an equivalency for the one-year full-time chaplaincy experience?

Yes

No

Section 5. CPE Equivalency

Are you requesting an equivalency for CPE?

Yes

No

Section 6. Attestation and Signature

Typed Name as Signature

Date Signed
