



COUNSELOR APPLICATION NEW MERCIES CHRISTIAN CHURCH

Thank you for your interest in serving as a Counselor at New Mercies Christian Church. Please complete and PRINT all requested information in a legible manner or mark N/A if not applicable. Please respond to all sections.

New Mercies Christian Church will not disclose the confidential information given in this application without your expressed written consent.

I. Demographic Information

Last Name	First Name	MI
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Home Address

City	State	Zip
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Name of Practice/Organization/University/Church, etc., where you work and/or provide counseling services

Business Address

City	State	Zip
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Work Phone	Email Address
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Cell Phone	(Home Phone (optional))
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Male Female Age _____ Ethnicity _____



II. Counseling Credentials Obtained (Please check all that apply within each category)

Earned Degree:

- _____ Completed a Master’s or Doctorate degree in counseling or a related mental health field from a regionally or nationally accredited college or university
- _____ Completed a Master’s or Doctoral level license issued by one of the 50 states, territories, or Canadian provinces, as a fully independent mental health practitioner (not requiring any clinical supervision) – licensed psychologists, professional counselors, mental health counselors, marriage & family therapists, clinical social workers, clinical nurse specialists/practitioners, substance abuse providers and psychiatrists
- _____ Completed a Master’s or Doctorate degree in counseling or a related mental health field from a regionally or nationally accredited college or university OR completed a Bachelor’s degree meeting the same criteria above and holds a valid and current mental health license or certification to practice at the state level
- _____ Completed a Bachelor’s degree from a regionally accredited college or university, ordination, religious licensure, and/or certification from a recognized entity – pastoral counselors with state sanction, national certification, denominational recognition, and/or religious licensure
- _____ Other: _____

Christian Counseling Experience:

- _____ Identify and practice as a Christian caregiver – fully licensed mental health professional who incorporates biblical principles and counseling skills with clinical theory, knowledge, and practice
- _____ Identify and practice as a Christian caregiver – non-licensed, pre-licensed, or restricted-licensed individual who has a registration, certification, or state sanction of some kind in allied professional, counseling, and/or teaching roles and who incorporates biblical principles and counseling skills with clinical theory, knowledge, and practice
- _____ Identify and practice as a Christian counselor – Pastors Chaplains Associate/Assistant Pastors youth ministers, pastoral counselor, etc., who is engaged in significant counseling ministry in church, para-church settings, Bible colleges and seminaries, and pastoral counseling agencies
- _____ Identify and practice as a lay Christian counselor – small group facilitator, church-based lay counselor, hospice worker, registered nurse, bachelor level social worker, substance abuse counselor, group home worker, etc., who is engaged in significant counseling/caregiving ministry



Supportive Documentation Needed:

- Copy of earned degree(s)
- Copy of current, valid and unencumbered professional license(s) to practice as a counselor or mental health professional
- Copy of current liability insurance certificate showing both expiration date and coverage
- Copy of any and all registration letters as a Resident or Intern, restricted-use licenses, appropriate certifications, and/or credentials (if applicable)
- Copy of ordination, religious license, appropriate certification and/or credentials
- Documentation demonstrating that education/training incorporated biblical principles and counseling skills with clinical theory, knowledge, and practice

III. Christian Counseling Education/Training

I have completed the required level of minimum contact hours of education/training in counseling that incorporates biblical principles with theory, skills, knowledge and practice:

Yes No Other: _____

I have appropriate documentation verifying my education/training in biblically-based counseling (e.g., transcripts, diplomas, certificates of completion, letters, etc.):

Yes (attached) No Other: _____

IV. Formal/Post-secondary Education and Training

Please list the most recent academic programs you have attended first.

Academic Institution	Degree Earned	Area of Study	Year Completed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I have appropriate required documentation verifying each degree listed above (e.g., diploma, transcripts, etc.) and affirm that I have an earned Master’s or Doctorate degree in counseling or related mental health field from a regionally or nationally accredited college or university:

Yes (attached) No Other: _____



V. Professional Licensure and/or Certification

Please list your professional counseling or mental health license and/or certification status, as well as the licensing or regulatory board and state that issued the professional license and/or certification.

License Type	State of Issue	Date Issued	Exp. Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

VI. Professional Liability Information

Please provide information regarding your professional and/or ministerial liability or malpractice insurance.

Carrier _____ Policy # _____
 Address _____ Phone # _____
 Effective Date _____ Expiration Date _____
 Coverage Per Incident/Occurrence _____ Per Aggregate _____
 Name of Policy Holder _____

VII. Ordination and/or Religious License

Please list your ordination and/or religious license status and identify the issuing entity. Please attach appropriate documentation verifying each ministerial designation.

Ordination/Religious License	Issuing Entity	State of Issue	Date Issued
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

VIII. Spiritual Orientation and Practice

Please define/describe your thoughts and beliefs on the following questions.

A. Who is Jesus Christ?



B. How does a person become a Christian?

C. Describe your beliefs about the Bible.

D. Describe your beliefs about the work of the Holy Spirit in the counseling experience.

E. Briefly describe your personal testimony, spiritual journey and current walk with Christ.

F. What role do you believe the local church has in counseling the body of Christ?



G. Describe your counseling setting/practice and how you incorporate spiritual practices and disciplines into your counseling activities (e.g., prayer, the use of Scripture/biblical principles, fasting, meditation, worship, solitude, etc.)?

IX. Counseling Areas of Interest

Counseling Areas of Interest/Expertise: _____

X. Method of Payment

Do you accept third party reimbursement? Yes No N/A

Do you charge a fee for your counseling services? Yes No
 If yes, what is your fee range? _____ - _____

What forms of payment do you accept: Cash Check Money Order
 Credit Card: (Please circle: Visa MasterCard Discover AMEX)

Other Forms of Payment: _____





XI. Preferred Name with Credentials

Please print in the space below, how you would like your name and credentials to appear (including appropriate punctuation). Any degree listed must represent an earned degree from an accredited institution of higher learning (not a degree in process or honorary degree), and any state/regulated licenses or professional credentials listed must have already been earned/received.

Academic degrees are listed first (usually only one from any particular discipline), followed by licenses and other certifications. Please do not use more than three sets of letters after your name.

I affirm and attest that my name and the credentials given on the line below are printed exactly as I desire for them to appear reflect a true and accurate portrayal of my valid professional education, training, licensure, and/or certification: Yes

Please Print Name and Credentials Clearly

XII. Required Attachments

I have attached the following required documents:

- Evidence of education and training in biblically-based counseling: Yes No N/A
- Evidence of post-secondary education and/or training: Yes No N/A
- Evidence of professional licensure and/or certification: Yes No N/A
- Evidence of professional liability insurance: Yes No N/A
- Pastoral Reference (in a sealed and signed envelope): Yes No N/A
- Professional Reference (in a sealed and signed envelope): Yes No N/A

I affirm and attest by my signature below that I have answered all questions in this application truthfully and have done so to the best of my knowledge and with full disclosure. I further authorize New Mercies Christian Church to verify this information and understand that in the process of verification, these facts might become known to third parties. I expressly waive any claim to confidentiality of the material.

Applicant

Date