

**PHASE II**  
**STUDENT TRANSFER FORMS**

**C.A.I. APPLICATION/CHECK LIST**  
**FOR**  
**N.C.C.A. CERTIFICATION/LICENSE**  
**(CHECK LIST OF REQUIRED INFORMATION AND DOCUMENTS)**

**PHASE II**  
**(EFFECTIVE JUNE 1, 2008)**

Student/Candidate Information Home Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
\_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
\_\_\_\_\_

- All records were transferred to N.C.C.A. when the student completed Phase I.
- I am now enclosing the following:
- 1. This C.A.I. Application/Check List form.
  - 2. Photocopy of Ministerial Credentials (if not previously submitted). Required document.
  - 3. Order Form Certification/License form.
  - 4. Grade transcript from our C.A.I. for Phase II Courses.
  - 5. Verification Form confirming that Phase II Supervision and fifteen (15) A.P.S. reports are completed and satisfactory.
  - 6. Photocopy of diploma or highest earned degree or transcript equivalent.
  - 7. Student's completed Application for Certification/License Form.
  - 8. \$100 licensing fee, payable to the NCCA.\*
  - 9. Candidate's signed Notification and Release Form for Personal National Screening.

I, the undersigned, verify that all of the above information and documentation is correct and enclosed.

C.A.I. Director: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Institution \_\_\_\_\_

\*Checks should be issued by the CAI to the NCCA. Do not forward candidate's check payment.

*(Forms found on the following pages)*

***NOTE: This form must be filled out in its entirety and all information and documentation must accompany it.***

## CAI Application Check List Item #2

Photocopy of Ministerial Credentials (if not previously submitted). This credential is required for licensure. See examples below:

 **Certificate of Ordination**

*Let It Be Known That*

\_\_\_\_\_

*has been ordained*

*Having been deemed as well qualified to be entrusted with this sacred office, this person was elected thereto. Under the providence of Almighty God and in recognition of His Eternal Glory, has by the imposition of hands and prayer, been set apart for the work of our Lord, to read the Holy Scriptures in the Church of God, to preach the Word of God, and to perform other duties in accordance with the Church, so long as this person continues to be a faithful servant of Jesus Christ and to adhere to and teach the Gospel of our Lord Jesus Christ.*

*In testimony whereof, I have hereunto set my hand and the seal of my office this \_\_\_\_\_ day of \_\_\_\_\_ in the year of our Lord \_\_\_\_\_ in \_\_\_\_\_.*

**CERTIFICATE OF LICENSE**

THIS IS TO CERTIFY

\_\_\_\_\_

AS ONE WHO HAS GIVEN EVIDENCE OF A CALLING BY GOD INTO MINISTRY

AS

\_\_\_\_\_

AND WAS LICENSED TO FUNCTION IN MINISTRY AS THE OPPORTUNITY MAY BE PRESENTED, AND TO EXERCISE GOD-GIVEN GIFTS IN MINISTRY

BY

\_\_\_\_\_

\_\_\_\_\_

ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_

# CAI Application Check List Item #2

Sample

(On church or ministry letterhead)

Date:

To Whome It May Concern:

RE: \_\_\_\_\_

SS #: \_\_\_\_\_

I, Rev. \_\_\_\_\_, have personally examined \_\_\_\_\_ and believe that he/she is divinely called into the ministry of counseling.

I, therefore, herewith, commission him/her as a Commissioned Minister of Counseling with all rights and privileges pertaining thereunto.

This commissioning shall remain valid as long as he/she remains faithful to the Holy Scriptures, in good standing of this local ministry, and as long as he/she remains credentialed by the National Christian Counselors Association as a Licensed Pastoral or Christian Counselor.

Respectfully,

Rev. \_\_\_\_\_,  
Minister of the Gospel

# CAI Application Check List Item #3

**C.A.I.**  
**LICENSE ORDER FORM**  
**PHASE II**

**PHASE II NOTE: Ministerial credentials are required before a Phase II license can be awarded.**

Student's/Candidate's

Name \_\_\_\_\_  
(print as it is to appear on certificate, no titles permitted)

**MEMBERSHIP:**

Professional Clinical Membership (if not previously ordered)      Date \_\_\_\_\_

**CERTIFICATE/LICENSE:**

**DATE OF CERTIFICATE**  
**(may only be dated after submitted)**

- |  |                          |  |       |
|--|--------------------------|--|-------|
| HS Diploma/Associate Degree  | <input type="checkbox"/> | Certified Pastoral Counselor                                 | _____ |
| Bachelor Degree  | <input type="checkbox"/> | Licensed Pastoral Counselor                                  | _____ |
| Master Degree  | <input type="checkbox"/> | Licensed Clinical Pastoral Counselor                         | _____ |
| Doctorate Degree   | <input type="checkbox"/> | Licensed Clinical Pastoral Counselor<br>- Advanced Certified | _____ |
| Alternate<br>(student choice, must have a Bachelor's Degree minimum) | <input type="checkbox"/> | Certified Temperament Pastoral Counselor                     | _____ |

**Return certificate(s) to:**       **Student**  
    **C.A.I. Director**  
**Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Note: There is a \$39 fee if the candidate wants both the Pastoral and the C.T.P.C. certificates.*

C.A.I. Director: \_\_\_\_\_

Name of Institution \_\_\_\_\_

Date: \_\_\_\_\_

# CAI Application Check List Item #4

## PHASE II

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

### TRANSCRIPT OF GRADES for

\_\_\_\_\_  
Name of Student

Name of Course

Date of Completion  
(Must be Provided)

Final Letter  
Grade / Percentage

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Phase II

Mastering Pastoral Counseling

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Temperament Case Studies

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Counseling The Codependent

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Instructor/Supervisor

\_\_\_\_\_  
Name of Institution

## CAI Application Check List Item #5

### VERIFICATION OF PHASE II COMPLETION

(Effective 2/1/06)

I, \_\_\_\_\_,  
(print name of supervisor)

verify that:

\_\_\_\_\_, has submitted  
(print name of candidate)

\_\_\_\_\_ (minimum of fifteen over and above the ten generated for Phase I) A.P.S. Response Forms (Adult, Teen or Children) to me and that I generated the A.P.S. reports for this candidate.

I recommend this individual be awarded certification or licensure as a Pastoral counselor.

I am unable to recommend this individual for certification/licensure for the following reason(s):

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Clinical Supervisor/C.A.I. Director

## CAI Application Check List Item #6

Initial and Date

Photocopy of diploma, highest degree earned or official transcript(s):

\_\_\_\_\_

### Attach:

- Diploma**
- or**
- Highest degree earned**
- or**
- Official transcript(s)**

# CAI Application Check List Item #7

## Application for N.C.C.A. License (Completed Phase II)

I, \_\_\_\_\_  
(please print clearly as it is to appear on certificate, titles are not permitted)  
having completed all of the Phase II requirements, do hereby apply for:

- |  |  |
|--|--|
| <input type="checkbox"/> Certified Pastoral Counselor  | (I am a high school graduate or hold an Associate Degree)  |
| <input type="checkbox"/> Licensed Pastoral Counselor   | (I hold a Bachelor Degree)   |
| <input type="checkbox"/> Licensed Clinical Pastoral Counselor  | (I hold a Master Degree)   |
| <input type="checkbox"/> Licensed Clinical Pastoral Counselor—<br>Advanced Certification                         | (I hold a Doctorate Degree)  |
| <input type="checkbox"/> Certified Temperament Pastoral Counselor<br>(must have a minimum of a Bachelors degree) | (a \$39 fee is required for qualified candidates who want this in addition to their appropriate Pastoral certificate.) |

Must be checked and signed below:

- I am submitting \$100 to cover the licensing fee and national background screening. I authorize the N.C.C.A. to review my background/history.
- I am submitting the completed and signed Notification And Release form for the background screening.
- I understand that I am solely responsible for my actions and that there is no liability to the N.C.C.A. for providing this certification/license.

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(signature)

# CAI Application Check List Item #8a

Initial and Date

\$100 licensing fee and candidate's signed Notification and Release Form for Personal National Screening, payable to the N.C.C.A. \*

- Check or Money order attached to this page
- Credit Card

If paying by Credit Card please fill out this form:

Type

- Visa
- MasterCard
- Discover
- Amex



Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Name on Card: \_\_\_\_\_

\*Billing Address: \_\_\_\_\_

City/ State/ Zip: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Country: \_\_\_\_\_

\*The billing address should be the same address that is listed for the credit card above.

Please note that all foreign students must provide Credit Card information for this fee.

- As the Credit Card holder, I authorize the N.C.C.A. to retain this information in my account.

\*Checks should be issued by the CAI to the NCCA. Do not forward candidate's check payment.

(Continue to next page...)

## CAI Application Check List Item #8b



# NOTIFICATION AND RELEASE FORM FOR PERSONAL NATIONAL SCREENING

I understand that as a provision for consideration of my national license as a Pastoral or Christian Counselor through the N.C.C.A., a background check of my drivers license driving record, education statements, professional license verification, criminal records (if any) from all courts available, Workers Compensation reports, credit reports from any or all reporting agencies, or any other background information that may be needed for said consideration, is required. This information will be kept confidential.

I agree to have my background and other information stated on my application verified by Background Checks of America, LLC, the screener:

Printed Name of Applicant: \_\_\_\_\_  
(Please Print Clearly)

Signature of Applicant: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Printed Name of Witness: \_\_\_\_\_  
(Please Print Clearly)

Signature of Witness: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_

**Phase III**  
**C.A.I. Transcript of Grades**  
**Continuing Education Courses**  
**and Advanced Certification Areas**

Name of Institution \_\_\_\_\_  
 Address \_\_\_\_\_  
 Name of Student \_\_\_\_\_  
 Date \_\_\_\_\_

Return to:  Student  
 CAI

Date Completed \_\_\_\_\_  
 Final Letter Grade & Percentage \_\_\_\_\_

Date Completed \_\_\_\_\_

Final Grade \_\_\_\_\_  
 Final Grade \_\_\_\_\_

***Integrated Marriage & Family Therapy***

Marriage and Family Counseling - an Integrated Approach \_\_\_\_\_  
 Integrated Temperament Couple Therapy \_\_\_\_\_  
 Pre-Marriage Counseling With Temperament The Father-Daughter Connection \_\_\_\_\_

***Child and Adolescent Therapy***

Counseling Families\* \_\_\_\_\_  
 Counseling and Children \_\_\_\_\_  
 Counseling Youth \_\_\_\_\_  
 Counseling and The Search for Meaning \_\_\_\_\_

***Substance Abuse and Addiction Therapy***

Counseling for Substance Abuse and Addiction\* \_\_\_\_\_  
 Counseling Adult Children of Alcoholics \_\_\_\_\_  
 Counseling for Problems of Self-Control\* \_\_\_\_\_  
 Counseling Those With Eating Disorders \_\_\_\_\_

***Temperament Therapy***

Temperament Case Studies\* \_\_\_\_\_  
 Life's Answers Through Counseling With God Living in the Spirit - Utilizing Temperament Counseling The Codependent: A Christian Perspective Utilizing Temperament\* \_\_\_\_\_

***Sexual Therapy***

Counseling for Sexual Disorders \_\_\_\_\_  
 Counseling and Homosexuality \_\_\_\_\_  
 Counseling for Problems of Self-Control\* \_\_\_\_\_  
 Counseling for Unplanned Pregnancy & Infertility \_\_\_\_\_

***Death and Grief Therapy***

Counseling the Sick and Terminally III \_\_\_\_\_  
 Counseling for Anger\* \_\_\_\_\_  
 Joy— In The Midst of Mourning \_\_\_\_\_  
 Counseling Families of Children With Disabilities \_\_\_\_\_

***Cognitive Therapy and Ethics***

Cognitive Therapy Techniques \_\_\_\_\_  
 Life's Answers Through Counseling With God Quality, Ethics, and Legal Issues in Christian Counseling \_\_\_\_\_  
 Making Life Healing Changes \_\_\_\_\_

***Crisis and Abuse Therapy***

Counseling for Family Violence/Abuse \_\_\_\_\_  
 Counseling in Times of Crisis \_\_\_\_\_  
 Counseling for Anger\* \_\_\_\_\_  
 Counseling the Depressed\* \_\_\_\_\_

***Domestic Violence and Intervention Therapy***  
*(Prerequisite; Applicant must hold a Master's degree or higher and be Advanced Certified in Crisis & Abuse Therapy)*

Temperament Case Studies\* \_\_\_\_\_  
 Counseling for Substance Abuse/Addiction\* \_\_\_\_\_  
 Counseling for Problems of Self-Control\* \_\_\_\_\_  
 Counseling Families\* \_\_\_\_\_  
 Counseling and Self-Esteem\* \_\_\_\_\_

***Group Therapy***

***Prerequisite;*** Applicant must hold a Master's degree or higher, be licensed by the N.C.C.A. and be Advanced Certified in *Integrated Marriage & Family Therapy* in order to qualify for this specialty area of Advanced Certification. \_\_\_\_\_

\*Courses apply to more than one area of Advanced Certification

Please note that students completing advanced courses must receive a grade of 80% or better for course credit to be applied toward an academic degree. Any grade transferred for an advanced course receiving a grade less than 80% will not qualify to the N.C.C.A. degree transfer program.