

PHASE I

STUDENT TRANSFER FORMS

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

PHASE I
(EFFECTIVE JUNE 2008)

Program enrolled into: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Student/Candidate _____ Home Phone _____

Name _____ Work Phone _____

Address _____ Fax _____

_____ Cell _____

_____ Personal A.P.S. Score _____ / _____ / _____
(I) (C) (A)

S.S. # _____

☐ Male ☐ Female

Date of Birth _____ / _____ / _____
Month Day Year

Candidate's E-Mail Address: _____

The following **MUST** be included in the transfer package:

- ☐ 1. This C.A.I. Application/Check List form.
- ☐ 2. \$50 first year's membership dues, payable to the N.C.C.A.
- ☐ 3. Three (3) reference forms.
- ☐ 4. Personal resume' or bio-sketch.
- ☐ 5. Student's/Candidate's photo.
- ☐ 6. Statement as to why student/candidate wants to become certified/licensed and a member of the N.C.C.A.
- ☐ 7. Photocopy of ministerial credentials. (Ordination, License, or Commission). This document is required for Professional Clinical Membership.
- ☐ 8. Order Form Certification/Membership.
- ☐ 9. Grade transcript from your C.A.I.
- ☐ 10. Photocopy of diploma, highest degree earned or official transcript(s) (minimum high school or equivalent required)
- ☐ 11. Responses to the fifty (50) Board questions (approved and signed by the C.A.I. Director).
- ☐ 12. Verification Form confirming that Phase I Supervision and ten (10) A.P.S. reports were completed and satisfactory.
- ☐ 13. Student's completed Application for Certification/Membership form.
- ☐ 14. N.C.C.A.'s copy of the signed Code of Ethical Standards Affirmation form.

(Forms found on the following pages)

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

C.A.I. Director: _____ Date: _____

NOTE: This form must be filled out in its entirety and all information and documentation must accompany it. An incomplete transfer package will be returned and billed the appropriate shipping costs.

CAI Application Check List Item #2

Initial and Date

\$50 first year's membership dues, 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



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.

CAI Application Check List Item #3 - 1



REFERENCE FORM

You are being asked to provide a reference for:

(please print name of candidate)

This individual is enrolled in N.C.C.A.'s Licensing Program for Pastoral and/or Christian Counselors.

- Please be honest with your responses.
- Please place the completed form in a sealed envelope and initial the sealed flap. This will ensure the integrity of the process and it will ensure the confidentiality of your responses.

To the best of my knowledge, this individual:

- lives a life that honors the Lord: ____ yes ____ no
- has a good reputation within his/her church and community: ____ yes ____ no
- demonstrates qualities that are normally associated with a Christian Counselor, i.e., Christian maturity, leadership skills, integrity, stability, etc.: ____ yes ____ no

Would you recommend this person for the counseling ministry? ____ yes ____ no

How many years have you known this individual? _____

What is your relationship to this individual? _____

Date: _____

Name: _____
(please print)

Telephone number(s)

(Signature)

CAI Application Check List Item #3 - 2



REFERENCE FORM

You are being asked to provide a reference for:

(please print name of candidate)

This individual is enrolled in N.C.C.A.'s Licensing Program for Pastoral and/or Christian Counselors.

- Please be honest with your responses.
- Please place the completed form in a sealed envelope and initial the sealed flap. This will ensure the integrity of the process and it will ensure the confidentiality of your responses.

To the best of my knowledge, this individual:

- lives a life that honors the Lord: ____ yes ____ no
- has a good reputation within his/her church and community: ____ yes ____ no
- demonstrates qualities that are normally associated with a Christian Counselor, i.e., Christian maturity, leadership skills, integrity, stability, etc.: ____ yes ____ no

Would you recommend this person for the counseling ministry? ____ yes ____ no

How many years have you known this individual? _____

What is your relationship to this individual? _____

Date: _____

Name: _____
(please print)

Telephone number(s)

(Signature)

CAI Application Check List Item #3 - 3



REFERENCE FORM

You are being asked to provide a reference for:

(please print name of candidate)

This individual is enrolled in N.C.C.A.'s Licensing Program for Pastoral and/or Christian Counselors.

- Please be honest with your responses.
- Please place the completed form in a sealed envelope and initial the sealed flap. This will ensure the integrity of the process and it will ensure the confidentiality of your responses.

To the best of my knowledge, this individual:

- lives a life that honors the Lord: ____ yes ____ no
- has a good reputation within his/her church and community: ____ yes ____ no
- demonstrates qualities that are normally associated with a Christian Counselor, i.e., Christian maturity, leadership skills, integrity, stability, etc.: ____ yes ____ no

Would you recommend this person for the counseling ministry? ____ yes ____ no

How many years have you known this individual? _____

What is your relationship to this individual? _____

Date: _____

Name: _____
(please print)

Telephone number(s) _____

(Signature) _____

CAI Application Check List Item #4

Initial and Date

Attach:

- ☐ **Personal resume'**
- or**
- ☐ **bio-sketch**

Please state briefly your educational, occupational and spiritual history.

CAI Application Check List Item #5

Initial and Date

Student's / Candidate's Photo:

Attach Photo

Please print name on back of photograph

CAI Application Check List Item #6

Initial and Date

**Statement as to why student/candidate wants to become certified/
licensed and a member of the N.C.C.A.**

Sample Questions:

1. Why do you want to be a counselor?
2. What formal/informal training in counseling have you had?
3. Why do you believe that this program will be of benefit to you?
4. Do you have experience in dealing with people with spiritual or emotional problems?
5. What are your goals for a counseling ministry?
6. How do you know that you are called/suited for the counseling ministry?

1.) _____

2.) _____

3.) _____

4.) _____

5.) _____

6.) _____

CAI Application Check List Item #7

Photocopy of ministerial credentials. (Ordination, License, or Commission). This credential is required for Professional Clinical Membership. See samples 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 #8

ORDER FORM CERTIFICATION/MEMBERSHIP PHASE I

Student/Candidate

Name _____
(print clearly as it is to appear on certificate, no titles permitted)

MEMBERSHIP:

DATE OF CERTIFICATE
(Post dating only permitted)

☐ Clinical Member (No ministerial credentials)

☐ Professional Clinical Member (Holds ministerial credentials)

CERTIFICATE:

☐ Certified Temperament Counselor

Return certificates to:

☐ **Student**

☐ **C.A.I. Director**

Address:

C.A.I. Director: _____

Name of Institution _____

Date: _____

CAI Application Check List Item #9

PHASE I

Name of Institution

Date

Address

TRANSCRIPT OF GRADES

for

Name of Student

Name of Course	Date of Completion (Must be Provided)	Final Letter Grade
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*Creation Therapy (if applicable)

Phase I

Basic Christian Counseling

Temperament Theory

Testing/Measurements

Temperament Therapy

Christian Psychology & Counseling

Signature of Authorized Instructor/Supervisor

*Students requesting the N.C.C.A. to accept their transfer credit for completion of the course "Creation Therapy" must provide a copy of their official membership certificate from the Sarasota Academy of Christian Counseling.

CAI Application Check List Item #10

Photocopy of diploma, highest degree earned or official transcript(s) (minimum high school or equivalent required):

Initial and Date

Attach:

☐ **Diploma**

or

☐ **Highest degree earned**

or

☐ **Official transcript(s)**

CAI Application Check List Item #11

**Fifty Board Questions
for
N.C.C.A. Licensure Candidates**

**compiled by the
N.C.C.A.
LICENSING BOARD OF EXAMINERS**

Confidential

Date

Candidate (Please print)

Candidate's signature

- ☐ I approve the candidates responses
☐ I disapprove the candidates responses

Date

Signature of Clinical Supervisor

N.C.C.A.
Sarasota, Florida

CAI Application Check List Item #12

VERIFICATION OF PHASE I COMPLETION

(Effective 2/1/06)

I, _____, verify that
(print name of supervisor)

_____, has submitted
(print name of candidate)

_____ (minimum of ten) A.P.S. Response Forms (Adult, Teen or Children) to me and that I generated the A.P.S. reports for this candidate.

I also verify that I have been paid for my services, i.e., the A.P.S. reports I generated and for the face-to-face supervision that I provided.

☐ I recommend this individual be awarded membership and the Certified Temperament Counselor certificate.

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

Date

Signature of supervisor

CAI Application Check List Item #13

**APPLICATION
FOR
N.C.C.A. CERTIFICATION & MEMBERSHIP
(Completed PHASE I)**

I, _____,
(please print clearly as it is to appear on certificate, no titles permitted)
having completed all of the Phase I requirements, do hereby apply for my certification as a Temperament Counselor and my:

- ☐ Clinical Membership (I do not hold ministerial credentials)
- ☐ Professional Clinical Membership (I am ordained, licensed or commissioned as a minister)

I am submitting: **(All boxes must be checked and signed)**

- ☐ My response to the 50 questions posed by N.C.C.A.'s Licensing Board of Examiners.
- ☐ Three (3) completed reference forms.
- ☐ The signed copy of N.C.C.A.'s Code of Ethical Standards.
- ☐ \$50 for my first years' dues.
- ☐ 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 and membership.

(date)

(signature)

CAI Application Check List Item #14

THE NATIONAL CHRISTIAN COUNSELORS ASSOCIATION



CODE OF ETHICAL STANDARDS

February 1, 2004 Edition

N.C.C.A.'s Copy

I _____, have read, comprehend, fully
(Please print)
submit to and promise to abide by N.C.C.A.'s Code of Ethical Standards as outlined herein.

(date)

(signature)

By
Margaret C. Faulkner-Perry, Ph.D.

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Sarasota, Florida