



# 2026 Annual Board Certification Renewal Package

**Your Chaplain Credential Expires August 30th**

Reporting Period: September 1, 2025, to August 30, 2026

## Annual Board Certification Renewal Form

To maintain your professional board certification credential, please complete the following 5 steps and **return your completed renewal report and payment by July 25, 2026. A \$15.00 late fee will apply after August 1<sup>st</sup>.**

Name (Last, First, MI): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

### Indicate your Membership/Certification Type (select one):

- Board Certified (\$250.00)      Associate Board Certified (\$225.00)      Certified (\$150.00)
- Master Board Certified (\$300.00)      CPE Supervisor/SIT (\$300.00)      Emeritus(Retired) (\$100.00)
- Dual Credential:** Board Certified Clinical Chaplain & Pastoral Counselor (\$350 .00)

### **(1) MEMBERSHIP/RE-CERTIFICATION DUES PAID TO WSHO HEADQUARTERS**

(Annual membership/re-certification renewal must be received by WSHO no later than August 1<sup>st</sup> each year.)

Email completed forms to [wshopresident@gmail.com](mailto:wshopresident@gmail.com) or Mail completed forms to: WSHO, P.O. BOX #711096, Salt Lake City, UT 84171

**Payment options:** (1) PayPal or Credit Card payment at <https://wshochaplaincy.org/make-a-payment>, (2) Mail a check to WSHO, P.O. Box 711096, Salt Lake City, Utah, 84171. (3) Venmo: request QR code (by sending email to wshomembership@gmail.com)

### **(2) CHAPTER MEETINGS & PEER CONSULTATION GROUP (Optional)**

Attendance at chapter meetings is strongly encouraged, but not mandatory. Check the months you attended.

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG

**(3) PROFESSIONAL HONOR CODE** I affirm I have abided by the WSHO Professional Honor Code since my last year’s report and that I remain a member in good standing of WSHO and my own faith tradition.

**(4) CONTINUING PROFESSIONAL EDUCATION STANDARD** Check the category that applies to your credential; indicating successful completion of continuing education during the past year:

- Certified                                      20 hours                                      Associate Board Certified                                      30 hours
- Board Certified                                      55 hours                                      CPE Supervisor/Supervisor in Training                                      70 hours
- Master Board Certified                                      70 hours

## Annual Professional Continuing Education Report Form

*Please provide a detailed accounting of the CEU's acquired during this reporting period*

**(5) Categories of Acceptable Continuing Education (minimum of 4 categories engaged)**

1. **Peer Review:** Professional Peer Consultation, chapter meetings
2. **Teaching:** Presenting, and/or supervising in ministry or related field
3. **Professional Development:** Conferences, seminars, workshops
4. **Writing:** Publications, books, professional papers submitted
5. **Formal Academic Courses Taken:** Related to spirituality, ministry, and clinical
6. **Personal Development:** Therapy, retreats, self-instruction, reading
7. **Other:** (Explain)

Date(s)	Category (1-7)	Description	CE Hours
<b>TOTAL Continuing Education Hours</b>			

\_\_\_\_\_  
 Member's Signature  
 (A Typed Name Constitutes an Electronic Signature)

\_\_\_\_\_  
 Date



## **WSHO PROFESSIONAL HONOR CODE**

**As a professional member or trainee of the World Spiritual Health Organization, I will serve my God and the people whom I encounter with honor and character, professional excellence, competent compassion, respect, moral courage, humility, and accountability.**

**I will faithfully exercise the World Spiritual Health Organization's mission regarding spirituality: "Where it is alive, sustain it; Where it is dormant, revive it; Where it is absent, invite it."**

**I will abide by the laws of the land where I live, the ethical standards of my given profession, and the professional expectations and standards of the World Spiritual Health Organization.**

**I will consistently maintain my professional credibility and credentials through regular accountability for my stewardship/ministry and continuing education.**

**I will commit to being a compassionate, competent, and faithful spiritual care provider and be an upstanding member of and ambassador for the World Spiritual Health Organization - loyal, dutiful, honorable, responsible, and committed, and abide by the standards and expectations to which I have committed herein.**

\_\_\_\_\_  
**Print Name**

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

**Member's Signature**

**(A Typed Name Constitutes an Electronic Signature)**