



BOARD CERTIFICATION CREDENTIALS

Professional Clinical Chaplain and Spiritual Mental Health Professional

“Character First, Competence Always.”

Dear Credential Applicant,

We are excited to have you apply for one of the World Spiritual Health Organization’s professional board certification credentials. The World Spiritual Health Organization (WSHO) is a premier organization for exceptional chaplains and spiritual mental health professionals who are consummate caregivers providing spiritual care and counseling. Our board-certified professionals’ personal and professional lives demonstrate both high moral character and “competent compassion” within an interfaith, intercultural, and interdisciplinary context.

WSHO asserts that professional competence alone is insufficient and must be grounded in strong character—qualities such as moral courage, trust, responsibility, dependability, loyalty, self-control, truth, honor, and humility.

Our board-certified chaplains and spiritual mental health professionals represent the highest standards of practice worldwide, and our rigorous standards consistently attract top-quality professionals recognized by both employers and clients.

We conduct a comprehensive certification process that assesses character and competence, along with an extensive background check, to ensure candidates are safe and qualified to practice.

We believe ***credibility comes through continuing education and training, as well as professional accountability.***

To maintain quality assurance in WSHO, our board-certified chaplains and spiritual mental health professionals must also successfully complete an annual review and recertification process that requires continuing professional education credits above the industry standard to retain their board certification credentials.

We encourage our board-certified chaplains and spiritual mental health professionals to regularly participate in chapters or peer consultation groups—available online and in person worldwide—to stay at the cutting edge of care, prevent compassion fatigue, and support ongoing professional growth. These groups foster support, camaraderie, and accountability. Our WSHO CPE programs and training curricula are unique, contemporary, and “tested and proven” through years of field experience.

WSHO boldly espouses correct principles over political correctness. We believe in doing what is right and standing up for truth, freedom, mercy, and justice. We vigilantly guard against pride, cronyism, and corruption, and diligently protect, through policy and practice, against secularized and/or clinical bureaucracy devoid of principled values and accountability.

“All to the glory of God.” We intentionally put all things spiritual first and foremost in what we do, as noted in our WSHO mission statement: ***“Spirituality: Where it is alive, sustain it; Where it is dormant, revive it; Where it is absent, invite it.”*** ***“For except the Lord build the house, they labor in vain which build it.”*** (Psalm 127:1).

Being a WSHO Board Certified Professional Chaplain and/or a Board Certified Spiritual Mental Health Professional indicates that chaplaincy and spiritual care are being provided to the individuals and groups they serve at the highest levels.

We look forward to reviewing your Application for Professional Credentialing.

Sincerely,

Chaplain Mark L. Allison
WSHO Founder & President

WSHO Standards and Competencies for Professional Chaplains and Spiritual Mental Health Professionals

- Spiritually centered
 - Character strong
 - Emotionally healthy
 - Clinically competent
 - Interfaith friendly, multi-culturally sensitive, and diversity welcoming
-
- Ability to utilize the Action-Reflection model of learning and thereby interpret and utilize human experience both clinically and spiritually.
 - Ability to utilize one's self as the primary "tool" in the provision of spiritual care and counseling.
 - To be keenly aware of issues of **Transference and Countertransference** and to utilize these for effective caregiving and to avoid causing harm.
 - **Ability to boldly, gently, and therapeutically care-front people regarding behavior and its roots.**
 - **Ability to identify and acknowledge, explore and utilize "material presented" from the emotional, relational, and spiritual dimensions, i.e., "emotional emeralds, relationship rubies and spiritual sapphires."**
 - Ability to provide spiritual care in an interfaith context; namely, to provide public and private prayer, to provide or facilitate worship services, to officiate and conduct funeral/memorial services, and weddings.
 - Ability to utilize the clinical methodology of learning and processing ministry encounters; namely, the ability to provide and receive feedback and utilize peer consultation and supervisor mentoring for personal and professional improvement of Self and skill set.
 - Ability to spiritually triage and make a spiritual assessment, spiritual diagnosis, and ministry care plan.
 - Ability to proactively foster and maintain a healthy and relational spiritual bond with people from a diversity of faith traditions, including the unchurched.
 - Ability to demonstrate "competent compassion" with a diversity of people in a variety of settings.
 - Ability to provide "competent compassion" through basic care and therapeutic skills; namely, healing presence and empathy, listening and problem analysis, conflict resolution, and spiritual healing.
 - Ability to objectively explore and articulate one's own spiritual journey and faith orientation.
 - Ability to understand, recognize, and utilize group dynamics for optimum learning and growth, healing, and integration of clinical skills.
 - Ability to effectively adapt, integrate, and serve within the context of an interdisciplinary team.
 - Ability to utilize theories, concepts, and skills from the behavioral sciences for optimum ministry effectiveness.
 - Ability to utilize one's personal and spiritual authority to provide spiritual leadership.
 - Ability to introduce, integrate, and facilitate spirituality with individuals as well as groups.
 - Ability to demonstrate character, moral courage, and honor in personal and professional matters.
 - Ability to sustain, revive, and invite the spiritual dimension in professional chaplaincy.



BOARD CERTIFICATION CREDENTIALING PACKAGE

Instructions for Completing Your Credentialing Package

We are excited to review your completed credentialing package. To ensure we can properly evaluate your credentialing package, please follow all of these directions when completing it. This will prevent your application from being rejected, significantly delaying your application process, and will require you to correct the discrepancies and resubmit the entire application package.

No handwritten applications will be accepted.

Application Submission

Scan and upload your typed application and all required supporting documents, including the Checklist Cover Page, into a single digital PDF file, and send it via email as a single attachment to wshopresident@gmail.com. The application and all attachments must be in PDF format. Scan all documents into one file. DO NOT send a link to a document folder.

The Scanned PDF Document File Name must include: the Year, Credentialing Package, and the applicant's Last Name. (i.e., "2026 Credentialing Package.Jones")

All document requirements for your application process are included, along with appropriate "Cover Pages" that separate the application's sections.

You are required to follow the Checklist order when assembling your final package. **The Checklist document will be the first page of your Scanned Application Package.** Not all enclosures/attachments will apply to all applicants. If a document on the checklist does not apply to your application, please delete the form and cover page before scanning the final document, and leave the check mark blank on the checklist.

If you need additional forms for a particular section, feel free to print extra forms and include them in the appropriate section of the application, following the other forms

Some forms in this application package have multiple pages. If you do not require all the pages for that document, then do not include any unnecessary blank pages in your package.

When the application requires supporting documents, please place copies of those documents in the package following the appropriate "Cover Page." It is best to include these documents in chronological order.

All applicant signatures in the application package must be "Ink Signatures." Electronic applicant signatures are not acceptable.

Please do not wait until the last minute to assemble your application. It is important to submit the application in a timely manner so it can be properly reviewed and approved. Your Oral Board will not be scheduled until the fully completed application has been approved.

Any questions regarding the application process can be emailed directly to WSHO ADMIN at wshomembership@gmail.com.



BOARD CERTIFICATION CREDENTIALING PACKAGE

WSHO Application for Professional Credentialing



Checklist Cover Page of Required Documents to be Submitted with Application

WSHO Scholastic Standards

Certified Professional Chaplain (CPC): Bachelor's Degree and three quarters of CPE (or equivalency)

Associate Board Certified Professional Chaplain (ABCC): Bachelor's Degree and five quarters of CPE or
Master's Degree and four quarters of CPE

Board Certified Professional Clinical Chaplain (BCC): Master's Degree (72 semester hours is standard) & five quarters of CPE

Required Documents (Type all forms. Delete any extra forms/pages not required before scanning the final document)

WSHO Application for Professional Credentialing

Ecclesiastical Recommendation Form from Religious/Spiritual Endorsing Authority

Signed WSHO Professional Honor Code

Official copies of University/Seminary transcript(s) or diploma(s)

Academic Equivalency Request Form(s) (Required if using experience for academic degree(s), graduate hours, or a quarter of CPE)

Copy of CPE Supervisor's Final Evaluation(s)

Copy of your CPE Final Project (Required if your CPE Program requires one, Mandatory for WSHO CPE graduates)

Copy of one of your CPE case studies

Post CPE 500 Clinical Hours Verification Form (Required if you DID NOT complete a fifth quarter of CPE)

Official Copy of Chaplain Certification (Required if you have a certification from a different certifying entity)

Current Copy of your Resume

Specialized Ministry Documentation completed (Required if requesting Specialized Ministry Designation(s))

Provide two (2) Character References/Letters of Recommendation from two chaplain peers

Provide One Letter of Support from your employer/administrator, written on the official letterhead of the organization

Write a statement (1 page) about what you consider to constitute (1) Spiritual Health, (2) Emotional Wellness, (3) Love, (4) Effective ministry in a diverse intercultural and interfaith environment. (Write 1-2 paragraph(s) on each area)

Write an essay (1 page) about the importance & integration of Personal Character and Professional Competence

Write an essay (1-2 pages) regarding the integration of Spirituality and the Behavioral Sciences/Psychology

Write an essay (1-2 pages) describing how you personally/ professionally live the WSHO Mission Statement regarding Spirituality (Spirituality: Where it is alive, sustain it; Where it is dormant, revive it; Where it is absent, invite it)

Write a 2-3 page Religious/Spiritual Autobiography describing your spiritual journey to this point in your life

Application Submission

Scan and upload this typed application and all required supporting documents, including the Checklist Cover Page, into a single digital PDF file, and send it via email as a single attachment to wshopresident@gmail.com. The application and all attachments must be in PDF format. Scan all documents into one file. DO NOT send a link to a document folder.

Application for Professional Credentialing (Type All Information)

Choose One:

Certified Professional Chaplain (CPC)

Associate Board Certified Professional Clinical Chaplain (ABCC)

Board Certified Professional Clinical Chaplain (BCC)

Dual Board Certification: (BCC and Board Certified Spiritual Mental Health Professional)

Applicant Information

Name (Last, First, MI): _____ Nickname: _____ Gender: _____	Marital Status: _____ Birthdate: _____ Race/Ethnicity: _____
Street/Mailing Address: _____ City: _____ State/Prov: _____ ZIP/Mail Code: _____ Country: _____ E-mail Address: _____ If employed, current employer: _____ Current Job Title: _____	Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Denomination/Faith Group Information

Name of Faith Group/Religion (Catholic, Buddhist, Jewish, etc.) _____	Name of your local Congregation, Presbytery, Diocese, Conference, Association, Synod, Temple, Ward, etc. _____
Are You: Ordained Consecrated Commissioned Date of ordination/commissioning/Consecration: _____	Name of Religious Endorsing/Commissioning Authority: _____ Address: _____ _____ Endorser's Email: _____ Mobile #: _____

WSHO Chapter Information

(If you are a member of a local professional WSHO Chapter, complete the following)

Name of Sponsoring WSHO Chapter: _____	City: _____ State/Prov: _____ Country: _____
Name of Chapter Leader: _____	Mobile #: _____ Email: _____

Education (Provide Official Transcripts or Diploma(s) in final document)	Name of Degree/Program and Graduation Year
Bachelor's Degree: _____ Name of University: _____ Location: _____	
Master's Degree: _____ Name of University/Seminary: _____ Location: _____	
PhD/DMIN/PSYD/EdD/MD/JD: _____ Name of University/Seminary: _____ Location: _____	

You are Required to Submit WSHO Academic Equivalency Request Form(s) and Worksheet(s) if requesting substitution of experience in lieu of formal education (Bachelor's Degree and/or Master's Degree or for additional Graduate Hours)

Clinical Pastoral Education (CPE)

Number of Clinical Pastoral Education (CPE) Units/Quarters Completed: _____

Date completed CPE: _____

Name of CPE Supervisor: _____

Training Site: _____

Submit WSHO Academic Equivalency Request Form if substituting experience for one Unit of CPE (i.e., Military Chaplain)

Certification

If you already hold a board certification from another certifying entity and are requesting reciprocity, you must provide an official copy of your certification. **Must also include a “WSHO Reciprocity Request Form.”**

Specialized Ministry Designator

If you are also applying for a *Specialized Ministry Designator* to be added to your board certification credential, viz, palliative care/hospice, military, addiction recovery, etc., you must attach proof of a minimum of two years’ specialized experience per designator, and include a letter of verification/recommendation from your administrator, director, or manager, typed, dated and signed on the official letterhead paper of the recommending agency.

There is a non-refundable \$20.00 fee per specialty designator requested. Specialized ministry designators will also be added to the certificate, indicating expertise in a particular area of ministry.

Reasons for Seeking WSHO Board Certification

Describe your reason(s) for seeking board certification with WSHO:

Certificate Information

Type name as you want it to appear on your certificate: _____

Payment Information (All Fees Are Non-Refundable)

- Certification Fees include WSHO Membership Fee (non-refundable): Choose one:

\$150.00 Certified Professional Chaplain: Bachelor’s Degree & 3 units of CPE (no certification board required)

\$225.00 Associate Board Certified Professional Chaplain: Bachelor’s Degree or higher & 5 units of CPE

\$250.00 Board Certified Professional Chaplain: Master’s Degree or higher & 5 Units or 2100 Hours of CPE

\$350.00 Board Certified CPE Supervisor and Educator (BCC Required and completion of CPE Supervisor program)

\$350.00 Dual Board Certified (BCC and Board Certified Spiritual Mental Health Professional)
(Requires Additional Application for Board Certified Spiritual Mental Health Professional)

- Specialized Ministry Designator(s) (if applicable): \$20.00 per Designator. Name of specialty: _____

- Required Application Fee (non-refundable): \$50.00 Total Payment Amount Due: \$ _____

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

Background Information

WSHO must carefully review significant events that may "substantially" relate to an individual's ability to practice their Chaplain profession safely and competently.

Are you, or have you ever been, on a Child Protective Services Abuse/Neglect Registry or Sex Offender Registry?
And/or on the registry of any agency protecting vulnerable populations:

Yes No

Have you ever been convicted of a crime?

Yes No

- any misdemeanor, in any jurisdiction, in the last 10 years
- any felony, in any jurisdiction

Do you have any active or pending criminal action (including arrests)?

Yes No

Have you ever been expelled by a professional organization or had a professional license revoked?

Yes No

If you answered "Yes" to any of the above questions, please describe the issue, date, location, and action taken.
Use additional page(s) as necessary.

By my signature below, I verify that the information I have provided in this application and any attachments is completely true, accurate, and current.

Signature: _____ Date: _____

Application Submission

Scan and upload this typed application and all required supporting documents, including the Checklist Cover Page, into a single digital PDF file, and send it via email as a single attachment to wshopresident@gmail.com. The application and all attachments must be in PDF format. Scan all documents into one file. DO NOT send a link to a document folder.

If you have questions or need assistance regarding your application, please contact us at: wshomembership@gmail.com

WSHO Office Use Only:

Background Check

Interview



BOARD CERTIFICATION CREDENTIALING PACKAGE

**Ecclesiastical Recommendation Form
from Religious or Spiritual Endorsing Authority**



Ecclesiastical Recommendation

(To be completed by ecclesiastical authority/endorser)

Name of applicant seeking professional certification: _____

Certification credential being requested by applicant: _____

Is the applicant currently a member in good standing in your faith tradition? Yes ☐ No ☐

Does the applicant demonstrate a high degree of personal character and integrity? Yes ☐ No ☐

Comments/Concerns:

Ecclesiastical Authority

Print Name: _____ Title/Position: _____

Name of Faith Tradition/Organization: _____

Street Address: _____ City: _____

State/Province: _____ Zip/Mail Code: _____ Country: _____

Email: _____ Tel#: _____

Signature: _____ Date: _____

Please return this completed document to the applicant or scan and email it to: wshomembership@gmail.com.

You may also mail it to Certification, P.O. Box # 711096, Salt Lake City, Utah, 84171, USA



BOARD CERTIFICATION CREDENTIALING PACKAGE

Signed WSHO Professional Honor Code



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

Signature

Date: _____



BOARD CERTIFICATION CREDENTIALING PACKAGE

Official Copies of University/Seminary Transcript(s) or Diploma(s)



BOARD CERTIFICATION CREDENTIALING PACKAGE

Academic Equivalency Request Form(s) and Worksheet



WSHO ACADEMIC EQUIVALENCY REQUEST FORM

(This form is only required if you are requesting an experience-based Academic or CPE Equivalency)

WSHO will consider requests for academic equivalency when accompanied by legitimate and verifiable documentation. Equivalencies may be granted in place of academic degrees, supervised clinical hours, or one unit of Clinical Pastoral Education (CPE).

For example, the standard requirement for WSHO Board Certification is a 72-credit graduate degree. However, if you hold a master's degree totaling 52 graduate credit hours and have completed only three quarters of CPE, you may apply for two separate equivalencies: one to fulfill the remaining 20 graduate credits, and one for the additional quarter of CPE. **A separate form is required for each equivalency request, with appropriate documentation to support each request.**

Applicants are responsible for effectively stating their case and demonstrating why their training and experience can be accepted in place of the traditional protocol to satisfy WSHO standards.

Applicants must submit a justification statement of not more than two typewritten pages presenting your case for equivalent credit. Your supporting documentation is not included in the two-page statement limit.

Please also include with your supporting documentation a chronological list and estimated hours of the various professional training events you have attended, such as classes, seminars, conferences, and podcasts, as well as ministry experience, as part of your supporting documentation.

Name: _____

Mailing Address: _____

Mobile Tel: _____ Email: _____

Chaplain Certification Level for which you are applying

Certified Chaplain

Associate Board Certified Chaplain

Board Certified Professional Chaplain

Dual Board Certified Chaplain & Pastoral Counselor/Spiritual Mental Health Professional

Equivalency Requested (A separate form is required for each Academic Degree or CPE Unit)

Academic Degree:	Bachelor's Degree	Master's Degree	Graduate Credit Hours
CPE/Clinical Hours:	One Quarter Unit of CPE	Post-CPE 500 Clinical Hours	

WSHO Academic/CPE Equivalency Statement

WSHO Academic/CPE Equivalency Statement (Page 2)

(Delete this page from the application if not needed)



WSHO Academic and CPE Equivalency Request Worksheet

Use additional pages as needed. Copies of certificates and/or other education/training documentation should follow these worksheets in the application

Approximate Dates of Education, Training, or Experience 1	Description of Education, Training, or Experience 1	Areas of Education or Skills Learned 1	Estimated Hours Completed 1
Total Hours of Education, Training, or Experience			



WSHO Academic and CPE Equivalency Request Worksheet

Use additional pages as needed. Copies of certificates and/or other education/training documentation should follow these worksheets in the application

Approximate Dates of Education, Training, or Experience 2	Description of Education, Training, or Experience 2	Areas of Education or Skills Learned 2	Estimated Hours Completed 2
Total Hours of Education, Training, or Experience			



WSHO Academic and CPE Equivalency Request Worksheet

Use additional pages as needed. Copies of certificates and/or other education/training documentation should follow these worksheets in the application

Approximate Dates of Education, Training, or Experience 3	Description of Education, Training, or Experience 3	Areas of Education or Skills Learned 3	Estimated Hours Completed 3
Total Hours of Education, Training, or Experience			



WSHO ACADEMIC EQUIVALENCY REQUEST FORM

(This form is only required if you are requesting an experience-based Academic or CPE Equivalency)

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Name: _____

Mailing Address: _____

Mobile Tel: _____ Email: _____

Chaplain Certification Level for which you are applying

Certified Chaplain

Associate Board Certified Chaplain

Board Certified Professional Chaplain

Dual Board Certified Chaplain & Pastoral Counselor/Spiritual Mental Health Professional

Equivalency Requested (A separate form is required for each Academic Degree or CPE Unit)

Academic Degree:	Bachelor's Degree	Master's Degree	Graduate Credit Hours
CPE/Clinical Hours:	One Quarter Unit of CPE	Post-CPE 500 Clinical Hours	

WSHO Academic/CPE Equivalency Statement

WSHO Academic/CPE Equivalency Statement (Page 2)

(Delete this page from the application if not needed)



WSHO Academic and CPE Equivalency Request Worksheet

Use additional pages as needed. Copies of certificates and/or other education/training documentation should follow these worksheets in the application

Approximate Dates of Education, Training, or Experience 1.2	Description of Education, Training, or Experience 1.2	Areas of Education or Skills Learned 1.2	Estimated Hours Completed 1.2
Total Hours of Education, Training, or Experience			



WSHO Academic and CPE Equivalency Request Worksheet

Use additional pages as needed. Copies of certificates and/or other education/training documentation should follow these worksheets in the application

Approximate Dates of Education, Training, or Experience 2.2	Description of Education, Training, or Experience 2.2	Areas of Education or Skills Learned 2.2	Estimated Hours Completed 2.2
Total Hours of Education, Training, or Experience			



WSHO Academic and CPE Equivalency Request Worksheet

Use additional pages as needed. Copies of certificates and/or other education/training documentation should follow these worksheets in the application

Approximate Dates of Education, Training, or Experience 3.2	Description of Education, Training, or Experience 3.2	Areas of Education or Skills Learned 3.2	Estimated Hours Completed 3.2
Total Hours of Education, Training, or Experience			



BOARD CERTIFICATION CREDENTIALING PACKAGE

Copy of CPE Supervisor's Final Evaluation(s)



BOARD CERTIFICATION CREDENTIALING PACKAGE

Copy of your CPE Final Project



BOARD CERTIFICATION CREDENTIALING PACKAGE

Copy of one of your CPE Case Studies



BOARD CERTIFICATION CREDENTIALING PACKAGE

Post CPE 500 Clinical Hours Verification Form



POST-CPE 500 CLINICAL HOURS VERIFICATION FORM

(This Form is only required for individuals that DID NOT complete a fifth quarter of CPE)

Chaplains seeking WSHO certification must provide verifiable documentation of completing 2,100 supervised clinical hours of training. This includes 1,600 clinically supervised hours required for graduation from Clinical Pastoral Education (CPE) and 500 post-CPE clinical hours, totaling 2,100 hours, to qualify for board certification.

CPE graduates choosing to engage in mentorship with a board-certified and seasoned chaplain or an equivalent qualified professional must **first obtain prior authorization from WSHO**. The candidate for certification must identify and establish a working relationship with a highly experienced peer mentor or supervisor, defining the location, frequency, and mode of communication. Both parties are expected to maintain records of their consultative interactions. The mentor is responsible for verifying hours, quality, and accountability, and providing clinical consultation for the candidate's ministry.

(Individuals applying for one unit of CPE equivalency based on experience must also submit an Academic Equivalency Form)

Name of applicant seeking Certification: _____

Date applicant completed 1600 clinical hours of Clinical Pastoral Education: _____

Name of CPE Supervisor: _____

Location of CPE Training: _____

Level of Certification being requested: Associate Board Certified Chaplain Board Certified Chaplain

=====

POST-CPE 500 Clinical Hours

Name(s) of verifying official(s), i.e. peer mentor/supervisor:

Start Date of post-CPE 500 Clinical Hours: _____ End Date of 500 Clinical Hours: _____

Location(s) where the 500 clinical hours were obtained:

By my signature below I attest to the fact the applicant named above has successfully completed 500 clinical hours of ministry under my mentorship/supervision and consultation. I recommend him/her for certification.

Supervisor/Peer Mentor Print Name: _____

Title/Position: _____ Organization: _____

Email: _____ Tel. # _____

Signature of Supervisor/Mentor: _____ Date: _____



Record of 500 Post-CPE Clinical Hours

	Month/ Year	Location(s) Performed	Monthly Clinical Hours	Comments	Dates Met with Supervisor/Peer Mentor (Minimum Monthly)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
Total Clinical Hours:					

Signature of Supervisor/Mentor: _____ Date: _____



BOARD CERTIFICATION CREDENTIALING PACKAGE

Official Copy of Chaplain Certification



BOARD CERTIFICATION CREDENTIALING PACKAGE

Current Copy of your Resume



BOARD CERTIFICATION CREDENTIALING PACKAGE

Specialized Ministry Documentation



BOARD CERTIFICATION CREDENTIALING PACKAGE

**Character References/Letters of Recommendation
from two chaplain peers**



BOARD CERTIFICATION CREDENTIALING PACKAGE

Letter of Support from your employer or administrator



BOARD CERTIFICATION CREDENTIALING PACKAGE

Statement about what you consider to constitute (1) Spiritual Health, (2) Emotional Wellness, (3) Love, (4) Effective ministry in a diverse intercultural and interfaith environment.



WORLD SPIRITUAL HEALTH ORGANIZATION

Required Written Document for Application for Professional Credentialing (Type All Information)

Write a statement (1 page) about what you consider to constitute (1) Spiritual Health, (2) Emotional Wellness, (3) Love, (4) Effective ministry in a diverse intercultural and interfaith environment. (Write 1-2 paragraph(s) on each area)



BOARD CERTIFICATION CREDENTIALING PACKAGE

**Essay #1 about the importance & integration of
Personal Character and Professional Competence**



WORLD SPIRITUAL HEALTH ORGANIZATION

Required Written Document for Application for Professional Credentialing (Type All Information)

Write an essay (1 page) about the importance & integration of Personal Character and Professional Competence



BOARD CERTIFICATION CREDENTIALING PACKAGE

**Essay #2 regarding the Integration of Spirituality
and Behavioral Sciences/Psychology**



WORLD SPIRITUAL HEALTH ORGANIZATION

Required Written Document for Application for Professional Credentialing (Type All Information)

Write an essay (1-2 pages) regarding the integration of Spirituality and the Behavioral Sciences/Psychology

Page 1



WORLD SPIRITUAL HEALTH ORGANIZATION

Required Written Document for Application for Professional Credentialing (Type All Information)

Write an essay (1-2 pages) regarding the integration of Spirituality and the Behavioral Sciences/Psychology

Page 2



BOARD CERTIFICATION CREDENTIALING PACKAGE

**Essay #3 describing how you personally and professionally live the
WSHO Mission Statement regarding Spirituality
(Spirituality: Where it is alive, sustain it; Where it is dormant,
revive it; Where it is absent, invite it)**



WORLD SPIRITUAL HEALTH ORGANIZATION

Required Written Document for Application for Professional Credentialing (Type All Information)

Write an essay (1-2 pages) describing how you personally/ professionally live the WSHO Mission

Statement regarding Spirituality (Spirituality: Where it is alive, sustain it; Where it is dormant, revive it; Where it is absent, invite it)

Page 1



WORLD SPIRITUAL HEALTH ORGANIZATION

Required Written Document for Application for Professional Credentialing (Type All Information)

Write an essay (1-2 pages) describing how you personally/ professionally live the WSHO Mission

Statement regarding Spirituality (Spirituality: Where it is alive, sustain it; Where it is dormant, revive it; Where it is absent, invite it)

Page 2



BOARD CERTIFICATION CREDENTIALING PACKAGE

Religious or Spiritual Autobiography



WORLD SPIRITUAL HEALTH ORGANIZATION

Required Written Document for Application for Professional Credentialing (Type All Information)

Write a 2-3 page Religious/Spiritual Autobiography describing your spiritual journey to this point in your life
Page 1



WORLD SPIRITUAL HEALTH ORGANIZATION

Required Written Document for Application for Professional Credentialing (Type All Information)

Write a 2-3 page Religious/Spiritual Autobiography describing your spiritual journey to this point in your life
Page 2



WORLD SPIRITUAL HEALTH ORGANIZATION

Required Written Document for Application for Professional Credentialing (Type All Information)

Write a 2-3 page Religious/Spiritual Autobiography describing your spiritual journey to this point in your life
Page 3