



BOARD CERTIFICATION CREDENTIALS

Master Board Certifications

“Character First, Competence Always.”

Dear Master Board Certification Credential Applicant,

We are excited to have you apply for one of the World Spiritual Health Organization’s professional master 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 master 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 master 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. Master board certification is reserved for the highest-level professionals.

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 master board-certified chaplains and spiritual mental health professionals to regularly participate in chapters or peer consultation groups as senior mentors—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.

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 Master Board Certified Professional Chaplain and/or a Master 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,

A handwritten signature in black ink, appearing to read "Mark L. Allison", is written over a horizontal line.

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
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- 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.



Master 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, Master Board Certification Package, and the applicant's Last Name. (i.e., "2026 Master Board Certification 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.

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 Master Board Certification Credentialing



Checklist Cover Page of Required Documents to be Submitted with Your Master Board Certification Credentialing Application

WSHO Scholastic Standards

Master Board Certified Professional Chaplain: (MBCC): Master's Degree (72 semester hours) & five quarters of CPE

Master Board Certified Spiritual Mental Health Professional (MBCSMHP) or

Master Board Certified Pastoral Counselor (MBCPC): Professional Graduate Degree or Professional Graduate Certificate

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

WSHO Application for Master Board Certification Credentialing

Ecclesiastical Recommendation Form from Religious/Spiritual Endorsing Authority

Signed WSHO Professional Honor Code

Official copies of any new University/Seminary transcript(s) or diploma(s) since your original Board Certification

Official Copy of Chaplain and/or Spiritual Mental Health Professional Certification(s)

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 or spiritual mental health professional peers

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

Write a statement (1-2 pages) about your Pastoral Leadership Experience and any major leadership accomplishments

Write a statement (1-2 pages) about your Professional Achievements in Ministry

Write a statement (1-2 pages) about your Contributions to the profession of Chaplaincy and/or Spiritual Mental Health

List your years of service since your Board Certification, and your assigned ministry positions and ministry locations
(No less than 7 continuous years of post-certification experience)

Application Submission Instructions

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 Master Board Certification Credentialing (Type All Information)

- Choose One:**
- Master Board Certified Chaplain (MBCC)**
 - Master Board Certified Spiritual Mental Health Professional (MBCSMHP)**
 - Master Board Certified Pastoral Counselor (MBCPC)**
 - Dual Master Board Certification: (MBCC and MBCSMHP or MBCPC)**

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: Ordnained 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

**(List any new degrees obtained since your Original WSHO Board Certification)
(Provide Official Transcripts or Diploma(s) in final document)**

Name of Degree/Program and Graduation Year

Master's Degree: _____ Name of University/Seminary: _____ Location: _____			
PhD/DMIN/PSYD/EdD/MD/JD: _____ Name of University/Seminary: _____ Location: _____			

Current Board Certification(s)
(List your current Board Certification(s) and Date(s) of Certification)

Board Certified Professional Clinical Chaplain (BCC)
 Board Certified Spiritual Mental Health Professional (BCSMHP)
 Board Certified Pastoral Counselor (BCPC)

Date of Certification: _____
 Date of Certification: _____
 Date of Certification: _____

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.

Examples: Healthcare (Hospital, Hospice, Private Practice, Etc.), Addiction Recovery, School/Campus Counseling, Grief & Bereavement Counseling, Military Ministry, Prison/Corrections, Ministry, Groups, Business and Corporate, Veterans Service Groups (VFW, DAV, AL), Law Enforcement (Police/FBI/Border Patrol), Disaster Response, Church/Parish Counseling, or Other (Explain)

Reasons for seeking WSHO Master Board Certification Credentials

Describe your reason(s) for seeking Master 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 (non-refundable): Choose appropriate certifications:**

\$300.00 Master Board Certified Chaplain (MBCC)

\$300.00 Master Board Certified Spiritual Mental Health Professional (MBCSMHP)

\$300.00 Master Board Certified Pastoral Counselor (MBCPC)

\$350.00 Dual Master Board Certification: (MBCC and MBCSMHP or MBCPC)

- **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

WSHO President 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

**Official Copy of Chaplain and/or Spiritual Mental Health
Professional Certification(s)**



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 or
spiritual mental health professional peers**



BOARD CERTIFICATION CREDENTIALING PACKAGE

Letter of Support from your employer or administrator



BOARD CERTIFICATION CREDENTIALING PACKAGE

**Statement about your Pastoral Leadership Experience
and any major leadership accomplishments**



WORLD SPIRITUAL HEALTH ORGANIZATION

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

**Write a statement (1-2 pages) about your Pastoral Leadership Experience
and any major leadership accomplishments.**

Page 1



WORLD SPIRITUAL HEALTH ORGANIZATION

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

**Write a statement (1-2 pages) about your Pastoral Leadership Experience
and any major leadership accomplishments.**

Page 2



BOARD CERTIFICATION CREDENTIALING PACKAGE

Statement about your Professional Achievements in Ministry



WORLD SPIRITUAL HEALTH ORGANIZATION

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

**Write a statement (1-2 pages) about your Professional Achievements in Ministry.
Page 1**



WORLD SPIRITUAL HEALTH ORGANIZATION

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

**Write a statement (1-2 pages) about your Professional Achievements in Ministry.
Page 2**



BOARD CERTIFICATION CREDENTIALING PACKAGE

**Statement about your Contributions to the profession of
Chaplaincy and/or Spiritual Mental Health**



WORLD SPIRITUAL HEALTH ORGANIZATION

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

**Write a statement (1-2 pages) about your Contributions to the
profession of chaplaincy and/or spiritual mental health**

Page 1



WORLD SPIRITUAL HEALTH ORGANIZATION

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

**Write a statement (1-2 pages) about your Contributions to the
profession of chaplaincy and/or spiritual mental health**

Page 2



BOARD CERTIFICATION CREDENTIALING PACKAGE

**Documentation of your years of professional service
since your Board Certification**

