

**Application for Board Certification Credential**

**Choose One: \_\_ Associate Board Certified Professional Clinical Chaplain (ABCC)**

 **\_\_ Board Certified Professional Clinical Chaplain (BCC)**

 **\_\_ Master Board Certified Professional Clinical Chaplain (MBCC)**

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| **Applicant Information**Check here \_\_\_\_if you request your name and contact information be kept confidential and limited to only WSHO leaders |
|   Name (Last, First, MI):Nickname:Gender:   |   Marital Status: Birthdate:Race:  |
|   Address:E-mail Address:Current Employer/Job Title: |   Home Phone:Mobile Phone: |
| **Denomination/Faith Group Information** |
|   Name of Faith Group/Religion (i.e. Catholic, Buddhist, Jewish) |   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:Email and Tel# of Religious Endorser: |
| **(If you are a member of a local WSHO Chapter complete the following)** |
|   Name of Sponsoring WSHO Chapter: |   City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State/Prov\_\_\_\_\_\_\_\_Country\_\_\_\_\_\_\_\_\_\_ |
|   Name of Chapter Leader:   |   Mobile Phone:Email:  |
| **Education****(attach notarized copies of diplomas)**  | **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: |  |
|  |
|   Number of Clinical Pastoral Education (CPE) Units/Quarters Completed:  | Date completed CPE:  |  |
| Name of CPE Supervisor: | Training Site: |  |

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| **CERTIFICATION** |
| If you already have a board certification from a different certifying entity and are requesting reciprocity, you must provide a notarized copy of your certification. |
| **SPECIALIZED MINISTRY DESIGNATOR** If you are also applying for a *Specialized Ministry Designator* to be added to your board certification credential (palliative care/hospice, military, etc.), you must attach proof of a minimum of two years specialized experience per each designator, and include a letter of verification/recommendation from your administrator, director or manager, that is written, dated and signed on the official letterhead of the recommending agency.Note: There is a $20.00 fee per specialty designator requested. Specialized ministry designators will also be added to the certification certificate indicating expertise in a particular area of ministry.  |

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|  **Required Supporting Documents for Board Certification Credential** |
|  * Education: Notarized copies of University/Seminary diplomas
* CPE: Copies of CPE Supervisor’s Final Evaluation
* WSHO Ecclesiastical Verification Form from Religious/Spiritual Endorsing Authority
* WSHO Post-CPE 500 Clinical Hours Verification Form
* WSHO Equivalency Form (if you lack formal academic degree(s)
* Current copy of your resume
* Signed WSHO Professional Oath
* Provide (2) Character References/Letters of Recommendation from two chaplain peers
* Provide (1) Letter of Support from your employer/administrator written on official letterhead of the organization
* Write a statement about what you consider to constitute 1) Spiritual Health; 2) Emotional Wellness; 3) Love; and 4) Effective ministry in a diverse intercultural and interfaith environment
* Write an essay (1 page) about the importance and integration of personal character and professional competence
* Write an essay (1-2 pages) regarding the integration of spirituality and the behavioral sciences
* Write an essay (1 page) describing how you personally/professionally live the WSHO Mission Statement:

 (Spirituality: Where it is alive, sustain it; Where it dormant, revive it; where it is absent, invite it)* Write a 2-3 page Religious/Spiritual autobiography describing your spiritual journey in life
* *For Master Board Certification only:* Provide documented evidence of 1) Pastoral Leadership; 2) Professional Achievement in ministry; 3) Contribution to the profession of chaplaincy; and 4) No less than 7 continuous years of post-CPE professional chaplaincy experience.

Describe your reason(s) for seeking board certification with WSHO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_© 2022 World Spiritual Health Organization

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| **CERTIFICATE** |
| Print name as you want it to appear on your certificate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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|  **Application and Credential Fees** Scan and attach application and all supporting documents to email and send to: wshopresident@gmail.com. All attachments must be saved as either Microsoft Word or PDF documents and sent in one email. Alternatively, you may send application, fees, and requisite attachments to: WSHO, PO BOX #711096, Salt Lake City, UT 84171. You can also make payment at [www.wshochaplaincy.org](http://www.wshochaplaincy.org) under “Make a Payment” or via Venmo: @Mark-Allison-47  |
| Certification Fee (non-refundable): \_\_ $225.00 Associate Board Certified Professional Chaplain (Bachelor’s Degree and higher) (choose one) \_\_ $250.00 Board Certified Professional Chaplain (Master’s Degree and higher) \_\_ $300.00 Master Board Certified Professional Chaplain (Master’s Degree and higher)   Specialized Ministry Designator(s): \_\_ $20.00 per Designator. Name of ministry \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Application Fee (non-refundable): \_\_$50.00Total Due: $\_\_\_\_\_.00Payment options: 1) Credit Card via Paypal at [www.wshochaplaincy.org](http://www.wsho.info) OR 2) Mail check to: WSHO, PO BOX #711096, Salt Lake City, UT 84171 OR Venmo: @Mark-Allison-47  |

Have you ever been convicted of a crime and/or expelled by a professional organization: Yes\_\_\_ No \_\_

If “yes”, please describe the issue and action(s) taken:

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

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By my signature below I verify the information I have provided in this application to be completely true, accurate, and current.

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

WSHO office use only:

 \_\_Background Check \_\_Interview

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Verification of 500 post-CPE clinically supervised hours

All chaplains seeking professional credentials through the World Spiritual Health Organization (WSHO) must submit their application for certification directly to WSHO headquarters. For those candidates seeking board certification as Associate Board Certified Professional Chaplain, Clinically Trained Clergy, Board Certified Professional Chaplain or Master Board Certified Professional Chaplain, WSHO will schedule a certification board with the nearest WSHO Chapter of Chaplains or via video-conference.

2100 supervised clinical hours of chaplain experience is the WSHO standard for a board certified credential. 1600 of these clinical hours will be obtained through successful completion of four quarters of CPE; the additional 500 supervised clinical hours must be obtained after graduating from CPE, and verified by a senior peer mentor or supervisor with whom he/she has regularly conferred regarding his/her ministry. For chaplains who have long since completed CPE training, they too must submit the Verification of 500 post-CPE clinically supervised hours.

Chaplains who have not successfully completed four quarters of CPE training are typically not eligible for board certification. However, they are eligible to apply for a WSHO credential as a ***Certified Professional Chaplain****.*

For those chaplains who have successfully completed four quarters of CPE training but lack the requisite 500 post-CPE supervised hours, they must choose between two equally acceptable alternative tracks towards board certification.

**Track 1**: Provisional (temporary) Board Certification. CPE graduates may apply for Provisional Board Certification status any time after successfully completing four quarters of CPE (1600 clinical hours), and prior to obtaining the requisite 500 post-CPE clinical hours of experience, on the condition they complete the 500 clinical hour requirement within one year.

If desired, this may include 400 clinical hours from completing a 5th quarter of CPE known as a CPE Fellowship. Upon verification of obtaining the 500 post-CPE clinical hours, the provisional board certification status will be upgraded to full Board Certification, and a new certificate issued.

**Track 2:** Complete the requisite 500 post-CPE clinical hours before applying to appear before a certification board. There is no set time frame in Track 2 to obtain the 500 post-CPE hours.

Note: The required 500 post-CPE clinically supervised hours applies to all chaplains applying for a board certification credential with WSHO. For those chaplains who have completed four quarters of CPE a long time ago, they too must verify 500 hours of supervised chaplain experience by having their supervisor or a peer mentor sign the **WSHO Post-CPE 500 Clinical Hours Verification Form**.

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POST-CPE 500 CLINICAL HOURS VERIFICATION FORM

Chaplains applying for WSHO certification must provide verifiable documentation of having completed a total of 2100 supervised clinical hours of training. For instance, in addition to completing the standard 1600 clinical hours (four quarters/units) of Clinical Pastoral Education (CPE), an additional 500 supervised/mentored clinical hours of experience are also required to apply for WSHO board certification. Candidates are advised to complete the 500 hours within one year of finishing CPE. For candidates who obtain a provisional board certification, they are required to complete the 500 clinical hours within one year of receiving provisional board certification. This may be satisfied through a Peer Mentorship or through completing a CPE Fellowship (5th quarter of CPE). The purpose for the additional 500 hours is two-fold: first, to assist and prepare the candidate for his/her board certification; and secondly, to hone his/her ministry skills in a specific subspecialty of his/her own choice. For example, if the candidate is seeking certification as a Palliative Care Chaplain, he/she should utilize the 500 clinical hours focusing on and serving in a palliative care setting under supervision or the mentorship of a qualified and seasoned chaplain, or an approved alternative professional who can substantiate hours and quality, accountability and clinical consultation regarding his/her ministry. It is the responsibility of the certification candidate to identify and engage a peer mentor/supervisor for this process and to reach an agreement with him/her regarding location, frequency, and mode of communication. Both parties are expected to maintain a record of their interactions.

Name of applicant seeking Certification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date applicant completed 1600 clinical hours of Clinical Pastoral Education: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of CPE Supervisor/Trainer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of CPE Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Level of Certification being requested: Associate Board Certified \_\_\_\_ Board Certified\_\_\_\_

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

Signature of Supervisor/Mentor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title/Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Record of 500 Post-CPE Clinical Hours

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| --- | --- | --- | --- |
|  | **MONTH** | **CLINICAL HOURS ACCUMULATED** | **DATE CONFERRED WITH PEER/SUPERVISOR** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
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| 11 |  |  |  |
| 12 |  |  |  |

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ECCLESSIASTICAL 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:

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

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**ECCLESSIATICAL AUTHORITY**

PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TITLE/POSITION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF FAITH TRADITION/ORGANIZATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 to: WSHO, P.O. Box #711096, Salt Lake City, Utah, 84171

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WSHO PROFESSIONAL HONOR CODE

**As a professional member (or trainee) of the World Spiritual Health Organization—**

I will serve my God and the people of the world with unassailable character, professional competence and attentive compassion.

I will act at all times and in all places respectfully and professionally, while exercising moral courage and humility.

I will faithfully and to the best of my ability live by the WSHO mantra regarding spiritual health: Where spirituality is alive, sustain it; where it is dormant, revive it; and where it is absent, invite it.

I will abide by the laws of the land where I live, and to the ethical standards of my employer and given profession.

I will consistently maintain my professional credibility and credentials through regular personal and peer group accountability for my stewardship/ministry.

I promise to be an upstanding member/ambassador of the World Spiritual Health Organization, and to be loyal, responsible and committed to the standards and expectations to which I have committed therein.

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

Print Name

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

Signature Date

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