***Your Chaplain Credential Expires August 1st***

***Annual Renewal of Board Certification Credential and Professional Continuing Education Report***

To maintain your professional board certification credential, please complete the following 5 steps and return your completed renewal report and payment not later than July 25, 2023. Please note that a $15.00 late fee will apply after August 1st. **If your mailing address has changed** since last year, please include it below:

**Reporting Period: August 1, 2022 to August 1, 2023**

Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Board Certified: \_\_\_ ($250.00) Associate Board Certified: \_\_\_ ($225.00) Certified: \_\_\_ ($125.00)

Master Board Certified: \_\_\_\_ ($300.00) CPE Supervisor: \_\_ ($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 1st each year. Email completed form to [wshopresident@gmail.com](mailto:wshopresident@gmail.com) and pay via credit card at [www.](http://www.wsho.info)wshochaplaincy.org under “Make a Payment,” or mail check to: WSHO, P.O. BOX #711096, Salt Lake City, UT 84171,or pay via Venmo: @Mark-Allison-47

**\_\_\_\_\_(2) CHAPTER MEETINGS & PEER CONSULTATION GROUP (Optional)**

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

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**\_\_\_\_\_(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 which 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

***Please provide a detailed accounting of the CEU’s acquired during this period on reverse of form.***

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Professional Continuing Education Report Form

**\_\_\_\_(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, clinical
6. **Personal Development:** Therapy, retreats, self-instruction, reading
7. **Other:** (Explain)

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| **Date** | **Category** | **Description** | **CE Hours** |
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Member Signature Date

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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

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Signature Date

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