

Application for Membership and Board Certification

Spiritual Mental Health Professional

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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:  |
|   Street/Mailing Address:E-mail Address: |   Home Phone:Mobile Phone: |
| **Denomination/Faith Group Information** |
|   Name of Faith Tradition/Religion (Catholic, Buddhist, Jewish, etc.) |   Name of your local Church Congregation, Presbytery, Diocese, Conference, Association, Synod, Ward, Temple: |
|   Are You Ordained\_\_\_ Commissioned\_\_\_ Consecration \_\_\_Date of Ordination/Commissioning/Consecration: \_\_\_\_\_\_\_\_\_\_\_\_   |   Are you an appointed spiritual/religious lay-leader in your faith tradition/church? Yes\_\_\_ No \_\_\_Describe the nature of your duties as a lay-leader: |
| **(If you are a member of a local professional WSHO Chapter complete the following)** |
|   Name of Sponsoring WSHO Chapter: |   City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State/Prov:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|   Name of Chapter President:   |   Mobile #: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: |  |
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**Clinical Pastoral Education (CPE) (preferred but not required)**

Have you successfully completed any quarters of CLINICAL PASTORAL EDUCATION (CPE)? Yes \_\_\_ No\_\_\_ N/A\_\_\_

If “yes”, Number of Units: \_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of CPE Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Must attach a copy of CPE supervisor’s evaluation for each unit of CPE successfully completed.

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|  **PROFESSIONAL MEMBERSHIPS, ASSOCIATIONS & AFFILIATIONS START DATE** |
| 1. |      |      |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |

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|  **CLINICAL COUNSELING EXPERIENCE AND SUPERVISION** |
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 **WSHO STANDARD*** 2100 HOURS POST GRADUATE CLINICAL COUNSELING/THERAPY EXPERIENCE
* 130 HOURS OF CLINICAL SUPERVISION RECEIVED
* ON-GOING PEER REVIEW/MENTORING

WSHO Certification and annual re-certification requires ongoing clinical peer supervision (one-on-one and/or peer group format) of clinical work. List the name and contact information for your current peer/mentor/supervisor who can verify your ongoing clinical peer supervision.Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Highest Degree: \_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to you: Peer (individual)\_\_\_ Peer Group\_\_\_ Mentor\_\_\_ Supervisor\_\_\_ Other \_\_\_ |

**CURRENT PROFESSIONAL COUNSELING/THERAPY POSITION AND RESPONSIBILITIES**

Name of institution/center or church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Your job title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of your work responsibilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of years you have been a professional counselor/ psychotherapist: \_\_\_\_\_\_\_\_\_\_

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| **LICENSURE & CERTIFICATION** |
| WSHO STANDARD: Professional licensure is preferred but not required for Spiritual Mental Health Professional credentialDo you have a professional license to practice counseling/psychotherapy: Yes:\_\_\_ No:\_\_\_Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Awarding Agency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you have professional malpractice insurance coverage: Yes:\_\_\_ No:\_\_\_ Note/Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If you have a certification credential from another professional, i.e. APA, AAMF, etc, organization, please complete the following:Name of professional certifying organization where you received your credential: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of credential received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date credential awarded: \_\_\_\_\_\_\_\_\_\_\_\_\_\_(Provide a notarized copy of both your license and certification) |

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|  **Required Supporting Documents**  |
|   * Education: Copies of University/Seminary diplomas
* CPE: If you have taken clinical pastoral education (CPE), provide copy of supervisor’s Final Evaluation
* WSHO Ecclesiastical Verification Form from Religious/Spiritual Endorsing/Commissioning Authority (preferred)
* Current copy of your resume
* Copy of WSHO Professional Honor Code Agreement
* Ability and willingness to prudently and appropriately make and incorporate a ‘spiritual diagnosis’ into clinical practice
* Provide (3) Character References/Letters of Recommendation. (2) letters from peers and (1) from your administrator /CEO that is written, signed, and dated on official letterhead paper of the recommending organization
* Write a statement about what you consider constitutes: 1) Spiritual Health; 2). Emotional Wellness; 3) Love; and 4). Effective counseling to a diverse spiritual, religious, and multicultural clientele
* Write a 1–2-page essay presenting your view and experience regarding the integration of spiritually and psychology
* Write an essay (1 page or less) regarding the integration of personal character and professional competence in mental health counseling/therapy
* Write a 1 page essay describing how you personally and professionally live the WSHO Mission Statement: (Spirituality: Where it is alive, sustain it; Where it is dormant, revive it; Where it is absent, invite it)
* Provide documented evidence of 2100 post-graduate clinical hours of counseling/therapy experience
* Write a 2-3 page religious/spiritual autobiography describing your spiritual journey in life
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Describe your reason(s) for seeking WSHO board certification at this time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Level of Certification Requested**

**(choose one)**

\_\_\_Associate Board Certified Spiritual Mental Health Professional (Bachelor’s Degree)

\_\_\_Board Certified Spiritual Mental Health Professional (Master’s Degree and higher)

\_\_\_Master Board Certified Spiritual Mental Health Professional (Master’s Degree and higher)

Note: WSHO Standard for *Master Board Certification* requires applicant to provide written documentation substantiating the following:

(1. Minimum of seven years of continuous post-graduate professional clinical experience as a mental health professional

(2. Demonstrated *leadership and professional achievement* in three of the following areas:

 Clinical practice\_\_ Teaching\_\_ Publication\_\_ Research\_\_ Contribution to society/church\_\_ Clinical Supervision\_\_ Other\_\_

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***SPECIALIZED CLINICAL/MINISTRY DESIGNATOR***

If you seek a specialty credential to be added to your certification in any of the following specialties, you must also attach proof of a minimum of two years specialty experience per designator, and include a letter of verification/recommendation from your administrator/supervisor. A $20.00 fee will be assessed per specialty.

\_\_\_HEALTHCARE (HOSPITAL, HOSPICE, PRIVATE PRACTICE, ETC.)

\_\_\_ADDICTION RECOVERY

\_\_\_SCHOOL/CAMPUS COUNSELING

\_\_\_GRIEF & BEREAVEMENT

\_\_\_MILITARY

\_\_\_PRISON/CORRECTIONS

\_\_\_GROUPS

\_\_\_BUSINESS AND CORPORATE

\_\_\_VETERANS SERVICE GROUPS (VFW, DAV, AL)

\_\_\_LAW ENFORCEMENT/POLICE/FBI/BORDER PATROL

\_\_\_DISASTER RESPONSE

\_\_\_CHURCH/PARISH COUNSELING

\_\_\_OTHER (explain)

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|  **Application Fees** Scan and attach completed application and required supporting documents, and email to: wshopresident@gmail.com. Application fee can be paid online at [www.wshochaplaincy.org](http://www.wsho.info) under “Make a Payment,” or by check to: WSHO, P.O. Box #710096, Salt Lake City, Utah, 84171, or via Venmo: @Mark-Allison-47 |
|   Choose all which apply:  Application Fee (non-refundable): \_\_\_ $50.00Certification Fee (non-refundable): \_\_\_ $225.00 Associate Board Certified Spiritual Mental Health Professional) (ABCSP) \*choose one (Bachelor’s Degree and higher) \_\_\_ $250.00 Board Certified Spiritual Mental Health Professional (BCSP) (Master’s Degree and higher)  \_\_\_ $300.00 Master Board Certified Spiritual Mental Health Professional (MBCSP) (Master’s Degree and higher)  Specialized Ministry Designator(s): \_\_\_ $20.00 per Designator x \_\_\_  (non-refundable)Total Due: $\_\_\_\_\_.00  |

\_\_\_ Check here only if you prefer your credential be called: *Pastoral Psychotherapist/Counselor* rather than Spiritual Mental Health Professional

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

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

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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