



INTERNATIONAL ASSOCIATION OF CHRISTIAN CHAPLAINS INC.

Application Form
Active Membership

Recent
Photo

Last Name		First Name		Middle Name	
Official Mailing Address					
Home Telephone:			E-mail:		
Date of Birth:		Month	Day	Year	(Month and Day required. Year Optional)
Social Security (USA):		Social Insurance Number (Canada):		Government Identification Number (Other countries):	
Work Position:		Institution/Church/Center:			
Field of Service where you are actively providing pastoral care that is consistent with a Christian vocation:					
Work Address:					
Work Telephone:		Pager Number:	Fax Number:		Mobil Number:
Current work supervisor's name, address, and phone number:					
Faith Group Affiliation:		Ordained:		Licensed:	Commissioned:
By:			Place and Date:		
EDUCATION					
College:		Degree and Major:		Date Completed:	
Seminary:					
Degree and Major:		Date Completed:			
Graduate Study:		Degree and Major:		Date Completed:	
CLINICAL PASTORAL EDUCATION OR PASTORAL COUNSELING TRAINING					
Number of CPE Units Completed:					
Dates:		Center:		Supervisor:	
MINISTERIAL EXPERIENCE					
Church/Institution:			Place and Dates:		
Church/Institution:			Place and Dates:		
Church/Institution:			Place and Dates:		
Have you ever had a felony conviction? Yes: _____ No: _____ If Yes, please attach a brief description of the issue and the action taken					