

# BCCTR APPLICATION

Thank you for your interest in pursuing a credential with the **Board of Christian Crisis and Trauma Response** (BCCTR). Please complete and **PRINT** all requested information in a legible manner or mark N/A if not applicable. Illegible and/or incomplete applications with missing information may be returned to the applicant. Please **respond to all sections**.

The BCCTR will not disclose the confidential information given in this application without your express, written consent. **Please allow 4-6 weeks for processing.**

## I. Demographic Information

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Last Name

First Name

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Home Address

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City

State

Zip

Country

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Name of Practice/Organization/University/Church, etc., where you work and/or provide counseling/caregiving services

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Business Address

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City

State

Zip

Country

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Work Phone

E-Mail Address

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Fax

Secondary/Emergency Phone

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Cell Phone (*optional*)

Home Phone (*optional*)

Male

Female

Age \_\_\_\_\_

Ethnicity \_\_\_\_\_

## II. Credential Designation

I am applying for the following credential (select one):

- Board Certified First Responder** (24 hours of education/training required)
- Board Certified Crisis Response Specialist** (60 hours of education/training required)
- Board Certified Crisis Response Chaplain** (60 hours of education/training required)
- Board Certified Crisis Response Therapist** (60 hours of education/training required)

**III. Christian Crisis Response Education/Training**

I have completed the required number of **contact hours** pertaining to education/training in crisis response that *incorporates biblical principles* with theory, skills, knowledge and practice:  Yes  No

Please describe the nature of the education/training you received: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have appropriate documentation verifying my education/training in biblically-based life crisis response (e.g., transcripts, diplomas, certificates of completion, letters, etc.):  Yes  No

**IV. Ordination and/or Religious License**

This is *required only for the BCCRC designation*. Please list your ordination and/or religious license status and identify the issuing entity.  N/A

I have appropriate documentation verifying each ministerial designation (e.g., ordination certificate, religious license, denominational letter, etc.):  Yes  No

<i>Ordination/Religious License</i>	<i>Issuing Entity</i>	<i>State of Issue</i>	<i>Date Issued</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**V. Formal Post-secondary Education and Training**

This is *required only for the BCCRT designation*. Please list the most recent academic programs you have attended first.  N/A

I have appropriate documentation verifying each degree listed above (e.g., diploma, transcripts, etc.) and affirm that I have an earned master's or doctorate degree in counseling or related mental health field from a regionally or nationally accredited college or university:  Yes  No

<i>Academic Institution</i>	<i>Degree Earned</i>	<i>Area of Study</i>	<i>Year Completed</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**VI. Professional Certification and/or Credentialing**

Please list any other professional crisis response certification and/or credentialing status.  N/A

<i>Certification/Credential Type</i>	<i>Issuing Organization</i>	<i>Date Issued</i>	<i>Exp. Date</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**VII. Professional Liability Information**

Please provide information regarding your professional and/or ministerial liability/malpractice insurance (*may only apply to the BCCRC and BCCRT designations*).  N/A

Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Effective Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Coverage Per Incident/Occurrence \_\_\_\_\_ Per Aggregate \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

**VIII. Spiritual Orientation and Practice**

Please define/describe your thoughts and beliefs on the following questions.

A. Who is Jesus Christ? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. How does a person become a Christian? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Describe your beliefs about the Bible. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D.** Describe your beliefs about the Holy Spirit. \_\_\_\_\_

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**E.** Briefly describe your personal testimony, spiritual journey, and current walk with Christ. \_\_\_\_\_

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**F.** What role do you believe the local church has in the crisis response process? \_\_\_\_\_

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**G.** Describe your crisis response practice/setting and how you incorporate spiritual practices and disciplines in your crisis response activities (e.g., prayer, the use of Scripture/biblical principles, fasting, meditation, worship, solitude, etc.)?

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**IX. Crisis Response Experience**

Please describe your actual crisis response and intervention-related experience in the space provided below (*attach additional copies of this log if needed to document required hours of experience.*)

Description and Location of critical incident/crisis event (e.g., regional flood in Central Missouri, attempted bank robbery in Cincinnati, etc.)	Date(s) of On-site Experience (Month, Year)	Type of Experience and/or "Specific" CISM Services Provided (e.g., individual, group debriefing, pastoral crisis intervention, etc.)	Total Hours of Crisis Service Provision (per incident)
1.			
2.			
3.			
4.			

5.			
6.			
7.			
8.			
9.			
10.			

**Total Hours of Crisis Response and Intervention-related Experience:** \_\_\_\_\_

**X. Attestation**

**Note:** The following statements require your attestation (affirming each one to be true to the best of your knowledge). Please be sure to **respond to each and every section** regarding yourself and your counseling/caregiving practice or ministry.

I have read the **BCCTR Attestation Document** (addressing my Christian testimony, the *AACC Doctrinal Statement*, ethical integrity, legal history, and the 2014 *AACC Christian Counseling Code of Ethics*) and am in **100% compliance** with all requirements and statements of fact outlined in this document:  Yes  No

If I am not in 100% compliance with all requirements and statements of fact in the BCCTR Attestation Document noted above, I have attached any and all additional documentation explaining my responses in further detail:  Yes  No

I have read, discussed as needed, and fully understand the **BCCTR Agreement Document** and I do hereby agree with all consent and authorization statements that are described therein:  Yes  No

I understand that in order to renew and maintain my BCCTR credential, I must complete a minimum of fifteen (**15**) contact hours of approved Continuing Education **every two years** and that these hours must incorporate biblical principles and crisis intervention skills with theory, knowledge and practice. I further acknowledge I have read and understand the **BCCTR Continuing Education Guidelines**:  Yes  No

I attest that if I am applying for BCCTR credential, I also have the required number of hours regarding CISM-related experience:  Yes  No

I understand I am applying for a Board of Christian Crisis and Trauma Response (BCCTR) credential and believe I currently meet all the necessary requirements. Therefore, I am submitting my formal application for consideration by the BCCTR Credentialing Committee, including all necessary and supportive documentation that is requested:  Yes  No

## XI. Preferred Name with Credentials

Please print in the space below, how you would like your name and credentials to appear (including appropriate punctuation) on the BCCTR Credential Certificate. Any degree listed must represent an **earned** degree from a **regionally accredited** institution of higher learning (not a degree in process or honorary degree), and any state/regulated licenses or professional credentials listed must have already been earned/received. **Do not include** the BCCTR credential you are applying for. Academic degrees are listed first (usually only one from any particular discipline), followed by licenses and other certifications. Please **do not use more than three sets of letters** after your name.

I affirm and attest that my name and the credentials given on the line below are printed exactly as I desire for them to appear on my BCCTR Credential Certificate and further reflect a true and accurate portrayal (as described above) of my valid professional education, training, licensure, and/or certification:  Yes  No

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Please Print Name and Credentials Clearly

## XII. Required Attachments

I have attached the following required documents:

Evidence of education and training in biblically-based crisis response:  Yes

Evidence of ordination and/or religious license:  Yes  No  N/A

Evidence of formal post-secondary education and training:  Yes  No  N/A

Evidence of other crisis response certification and/or credentialing:  Yes  No  N/A

Evidence of professional liability insurance:  Yes  No  N/A

Explanation/further documentation re: **Section X** above (if necessary):  Yes  No  N/A

Pastoral Reference Form (in a sealed and signed envelope):  Yes

Professional Reference Form (in a sealed and signed envelope):  Yes

Personal Reference Form (in a sealed and signed envelope):  Yes

Application Fee, **made out to IBCC**  Yes

***I affirm and attest by my signature below that I have answered all questions in this Application truthfully and have done so to the best of my knowledge and with full disclosure. I further authorize the AACC and/or the IBCC to verify this information and understand that in the process of verification, these facts might become known to third parties. I expressly waive any claim to confidentiality of the material enclosed in this Application except where otherwise noted.***

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Applicant Signature

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Date