

# BCPPC PROFESSIONAL REFERENCE

**Name of Applicant** (please print clearly): \_\_\_\_\_

The above named applicant is applying for certification by the Board of Christian Professional and Pastoral Counselors (BCPPC). The BCPPC is a network of Christian counselors who are capable and experienced, with a strong and authentic Christian foundation to their counseling and/or ministerial service. The purpose of the BCPPC is to help identify those Christian counselors who provide the highest quality of care to those they serve. As a *professional/collegial reference*, we are asking you to provide us your assessment of this applicant's qualifications.

**Name of Reference:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Organization/Church** (if applicable): \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Phone:** Work: ( ) \_\_\_\_\_ Home: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

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

**How long and in what capacity have you known the applicant?** \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_

**Please rate the applicant on the following characteristics using the descriptions provided below.** Please check only one box for each characteristic.

	<b>Above</b>		<b>Below</b>	
1. Demonstrates a positive and authentic relationship with Jesus Christ.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Reflects a commitment to ongoing growth in his/her personal, professional, and/or ministerial life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Ability to understand and conceptualize client issues, including those related to spirituality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Appropriately integrates Christian faith and counseling principles in an effective manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Ability to establish and maintain healthy counseling relationships with appropriate boundaries.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Demonstrates empathy in counseling with others, mature judgment, emotional stability, and spiritual maturity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Demonstrates effective communication, organizational, and treatment planning skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Consistently follows established professional and ethical standards of practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**I recommend certification by the BCPPC** (check one): \_\_\_\_\_ Highly \_\_\_\_\_ Moderately \_\_\_\_\_ With Reservation

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

If you would like to add any additional comments, feel free write on the back of this page or attach a separate letter. Please put the completed reference form (and other comments) in a *sealed envelope* with your *signature across the back flap* and return to the applicant. Thank you for your participation.