## National Conference of Veterans Affairs Catholic Chaplains

Last Name Fi	irst Name Midd	le Initial	
VA Medical Center :			
City:	State:	Zip	
E-mail address:			
Phone: ()		Ext	
You must be a Member of NCVACC	in order to be eligible	for Board Certification as	a
Chaplain. Board Certification is valid	d for 5 years. You have	e to apply for Re-certificat	ion every
years.			
Please provide each of the following	documents and include	e them with this application	n form:
□ Autobiography (Max. 5 pages dou	ble spaced)		
□ Verification of 4 Clinical Pastoral	Education Units by an	Accredited ACPE or Unit	ed States
Conference of Catholic Bishops/Co	ommission on Certifica	tion and Accreditation	
(USCCB/CCA) or Canadian Assoc	ciation for Pastoral Pra	ctice and Education	
(CAPPE/ACPEP)			
1. □ 2. □ 3. □ 4. □			
(For each CPE Unit, provide a	a copy of your final eva	aluation and your supervis	or's final
evaluation. No Equivalency	will be granted in lieu o	of CPE Unit)	
$\Box$ Indicate if you are Full Time $\Box$	Part Time 🗆	Fee Basis  Contrac	t 🗆
Time of Employment in Veterans	Affairs Chaplaincy	(years)	
□ Verification of VIRTUS or similar	r approved training con	npletion	
□ Verification of a Masters degree in	n Divinity, Theology of	Equivalent Studies	
Respond in writing to NCVACC St	tandards:		
$\Box$ Section on Integration of Theory and	nd Practice Competencie	es (ITP) (Max. 7	
pages with vignettes double space	d)		
□ Section on Professional Identity and	nd Conduct Competence	ties (PIC) (Max. 5 pages w	vith
vignettes double spaced)			

## Request for Board Certification Application Form

□ Section on Professional Practice Skills Competencies (PPS) (Max. 5 pages with vignettes double spaced)

□ Section on Organizational Leadership Competencies (OL) (Max. 5 pages with vignettes double spaced)

- Copy of Membership Dues receipt of payment (\$150.00 Annual dues) from the Treasurer
- □ Copy of Certification application fee receipt of payment (\$275.00) from the Treasurer
- □ Provide a letter of recommendation from your immediate supervisor regarding your ministry and performance.

 $\Box$  Provide 2 verbatims.

Please submit three (3) copies of your materials

Signature

Date

Mail all 3 copies of your materials to:

Chaplain Andrew Sioleti Chair of NCVACC Certification VA NYHHS 423 East 23<sup>rd</sup> St. #125 New York, NY 10010

All questions should be emailed to me at Andrew.Sioleti@va.gov

A complete application package (3 copies of your materials) for Board Certification must be <u>received</u> at least three months prior to your certification interview.