National Conference of Veterans Affairs Catholic Chaplains Request for Renewal of Board Certification Application Form

| Applicant: | | | | |
|---|--|--|--|--|
| Last Name | First Name | Middle 1 | Middle Initial | |
| VA Medical Center: | | | | |
| City: | | _ State: | Zip | |
| E-mail address: | | | | |
| Phone: () | | | Ext | |
| | | U | renewal of Board. This renew of or Re-certification every 5 years. | |
| Please provide each of the follo | wing documents an | d include then | n with this application form: | |
| ☐ I understand that I must be Maintenance payment; and Meeting of the NCVACC, in Indicate years you ha Meeting in the last five years | that I must attend order to maintain we attended NCV | the Annual l my NCVAC ACC Annual | Education and Membership CC B.C.C status. Education and Membership | |
| ☐ Documentation of complian | nce with Standard 3 | 306, Requirem | nents for the Maintenance of | |
| Certification (MNT). In order | to maintain status a | as a Certified | Chaplain, the chaplain must: | |
| MNT2: Document fifty (50) h | ours of annual cont | inuing educat | ion as designated by one's | |
| professional association. | | | | |
| MNT3: Provide every fifth ye | ar a copy of the pag | ge in the curre | ent National Chaplain Center roste | |
| which shows that they are end | orsed and employe | d by the VA (| regardless of contract, fee basis or | |
| employee status). | | | | |
| Documentation should include | e a copy of your Le | arning Histor | y from TMS. You can add | |
| continuing education at other | conference or class | es to your rec | ords in TMS. | |
| ☐ Verification of VIRTUS or | similar approved to | raining compl | etion | |

| ☐ Respond to each of the main NCVACC Standards Sections. One paper can respond to all of the Standards, and should not be more than one page for each Standards Sections. This response paper should include your reflection on what you have learned or how your provision of clinical | | | | | | |
|---|-------------------------|--|--|--|--|--|
| | | | | | spiritual care has changed in the last five years. | |
| | | | | | Standards Sections to be included are: | |
| Integration of Theory and Practice | | | | | | |
| Professional Identity and Conduct | | | | | | |
| Professional Practice Skills | | | | | | |
| Organizational Leadership Competencies | | | | | | |
| ☐ I have read and consent to the National Conference of Ver Chaplains Code of Ethics for Spiritual Care attached, as fou NCVACC Certification Handbook. (https://static.secure.website/wscfus/8296660/7045759/handb | nd on page 23-29 in the | | | | | |
| Signature Date | | | | | | |
| Mail this form, along with required documentation to | | | | | | |
| Chaplain Andrew Sioleti Chair of NCVACC Certification VA NYHHS | | | | | | |

423 East 23rd St. #125 New York, NY 10010

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

For Re-Certification, a complete application package (3 copies of your materials) must be received by June 1st and the Certification Chair will convene a Peer Review panel. Alternatively, if you are also BCC by a cognate organization, you may re-certify by completing the cognate group peer review process and submitting documentation of approval and re-certification by the cognate group on place of a NCVACC re-certification application.