

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

Applicant: _____

Last Name First Name Middle 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 Reciprocal status from the NCVACC as a Board Certified Chaplain (B.C.C.). Board Certification is valid for 5 years. You must complete a Peer Review every 5 years. The Peer Review can be done following the process outlined by any of the Cognate Chaplain organizations of which you are also a member, or with the NCVACC.

Please provide each of the following documents and include them with this application form:
Verification of Board Certified Chaplain with another recognized Chaplain Organization (Check any that apply):

- NAVAC (BCC Expires on: ___/___/____)
- NACC (BCC Expires on: ___/___/____)
- APC (BCC Expires on: ___/___/____)
- Other (Specify: _____) BCC Expires on: ___/___/____

- Copy of Membership Dues receipt of payment for Current year from the Treasurer
 - Copy of Reciprocity Request Application fee receipt of payment (\$150.00) from the Treasurer
 - I understand that I must maintain current status of annual dues and annual BCC Maintenance payment; and that I must attend the Annual Education and Membership Meeting of the NCVACC, in order to maintain my NCVACC B.C.C status.**
 - I have read and consent to the National Conference of Veterans Affairs Catholic Chaplains Code of Ethics for Spiritual Care attached, as found on page 23-29 in the NCVACC Certification Handbook.**
- <https://static.secure.website/wscfus/8296660/7045759/handbook-ncvacc.pdf>

Signature

Date

Mail this form and supporting 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 Andrew.Sioleti@va.gov