

National Conference of Veterans Affairs Catholic Chaplains

Request for 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 Board Certification as a Chaplain. Board Certification is valid for 5 years. You must apply for Re-certification every 5 years. Please use Renewal of Board Certification Application form for Re-certification.

Please provide each of the following documents and include them with this application form:

- Autobiography (Max. 5 pages double spaced)
- Verification of 4 Clinical Pastoral Education Units by an Accredited ACPE or United States Conference of Catholic Bishops (USCCB) or Canadian Association for Pastoral Practice and Education (CAPPE/ACPEP) 1. 2. 3. 4.

(For each CPE Unit, provide a copy of your final evaluation and your supervisor's final evaluation. No Equivalency will be granted in lieu of CPE Unit)

- Indicate if you are Full Time Part Time Fee Basis Contract

Time of Employment in Veterans Affairs Chaplaincy _____(years)

- Verification of VIRTUS or similar approved training completion
- Verification of a Masters degree in Divinity, Theology or Equivalent Studies
- Copy of signed NCVACC Acknowledgement of Ethics Form
- Respond to NCVACC Standards Section on Integration of Theory and Practice (Max. 7 pages with vignettes double spaced)
- Respond to NCVACC Section on Professional Identity and Conduct (Max. 5 pages with vignettes double spaced)

- Respond to NCVACC Standards Section on Professional Practice Skills (Max. 5 pages with vignettes double spaced)
- Respond to NCVACC Standards Section on Organizational Leadership Competencies (Max. 5 pages with vignettes double spaced)
- Copy of Membership Dues receipt of payment of current Annual Dues from the Treasurer.
- Copy of Board Certification application fee receipt of payment (\$275.00) from the Treasurer for initial certification.
- Provide a letter of recommendation from your immediate supervisor regarding your ministry and performance.
- Provide documentation of continuing education: a TMS Learning History for the prior year and certificates for any conferences which you attended in the year and did not add to TMS.
- 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 23rd 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 received by July 1st for review at the NCVACC Annual Conference.