



# American Board for Certified Master Chaplains<sup>SM</sup>

## Application Form



First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Office Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

E-Mail \_\_\_\_\_ Cell Phone \_\_\_\_\_ Designation \_\_\_\_\_

License Number/State (If Applicable) \_\_\_\_\_ Primary Specialty Area \_\_\_\_\_

I certify that the information I have provided to The American Board for Certification in Homeland Security, CHS<sup>®</sup> (ABCHS) is true, correct, and complete. I am not providing misleading, false, or deceptive information. I understand that if I have provided misleading, false, or deceptive information, the association will pursue aggressive legal action. I may be asked to provide additional documentation. I understand that ABCHS reserves the right to verify any and all information that I provide. If I misrepresent my credentials, refuse to provide documentation at a later time if asked, or allow my membership with ABCHS to lapse, I understand and agree that my membership and/or certification status will be revoked and my membership terminated. If the documentation required for the credential or membership status for which I am applying is not received within 6 months from the date of application, I understand that no refund will be issued in the event of the cancellation or denial of my application. I agree that I will notify ABCHS in writing of any civil, criminal, or complaint that is made against me. I agree to hold harmless and indemnify ABCHS and its officers, directors, employees, and agents for any misrepresentation of my credentials and for all claims, loss, judgment, or expense. ABCHS does not endorse, guarantee, or warrant the work or opinions of any individual members. Membership does not imply licensing or registration by the organization of a member's qualifications, abilities, or expertise. The objective of ABCHS's publications and the activities that it sponsors are for informative and educational purposes. The views expressed by the authors, publishers, or presenters are their own views and do not necessarily reflect those of ABCHS. ABCHS does not assume any responsibility or liability for its members or subscribers' efforts to apply or use the information, suggestions, or recommendations made by the organization, publication resources, or activities.

<b>YES</b>	<b>NO</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted of a felony? If yes, please explain on a separate sheet of paper.
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been disciplined, or are you currently under investigation, by a legal or licensing board? If yes, please explain on a separate sheet of paper.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Membership Categories

**Please submit** resume, degree (if applicable), relevant training certificates (maximum of 10) in your area of expertise, and military active/discharge status (if applicable).

**ABCHS Membership:**

**Member** ..... \$165

**Life Member** ..... \$2500

**Certification Categories:** \*Additional specialty areas available. Please see below.

**Certified Master Chaplain (New Member)** Includes one-time credentialing fee and 1<sup>st</sup> year dues ..... \$490

**Certified Master Chaplain (Current Member)** Member ID# ..... \$395

**Certification Requirements:**

<input type="checkbox"/> ABCHS Member	<input type="checkbox"/> US citizen	<input type="checkbox"/> 3-5 years experience in the field of chaplaincy/ministry
<input type="checkbox"/> Submission of ordination or ecclesiastical endorsement	<input type="checkbox"/> Bachelor's degree preferred	<input type="checkbox"/> Experience in related fields of crisis/emergency response/disasters
<input type="checkbox"/> 2 letters of recommendation (1 must come from a related agency)		

**\*Additional Specialty Areas:** \$150 each (includes full course and exam) \*Upon successful completion, a certificate will be issued indicating specialty area.

Law Enforcement    Military    Fire/Rescue    Hospital    Hospice    Emergency Medical Services    Mental Health

**Divisions:** First division is **free** each additional division is \$35

<input type="checkbox"/> EMS	<input type="checkbox"/> Homeland Security	<input type="checkbox"/> Hospital	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Fire/Rescue	<input type="checkbox"/> Hospice	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Military	

**Total \$** \_\_\_\_\_

### Payment Information

**Payment must accompany application.** You may choose the payment method that is most convenient (personal/company check or credit card). Payment plans are available. For the payment plan, a minimum of \$150 or more down payments must be made, and the balance can be paid in monthly installments (\$100 minimum) by check or automatically charged to your credit card. Certificates will be issued upon full payment. Annual membership dues for the year are \$165 for members or \$190 for certified members. There is a \$75 administrative fee for all cancelled or denied applications. All returned checks will be assessed a \$20 NSF check fee.

Visa    MasterCard    American Express    Discover    Check Enclosed (Payable to ABCCHS)    Paid in full \$ \_\_\_\_\_

Please accept \$ \_\_\_\_\_ (min. \$150) as down payment and charge \$ \_\_\_\_\_ (min. \$100) per month until balance is paid in full.

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Signature \_\_\_\_\_

- **Phone:** (877) 219-2519 or (800) 592-0960
- **Online:** www.ABCMC.us
- **Fax:** (417) 881-1865
- **Mail** your completed application to ABCCHS:  
2750 E. Sunshine  
Springfield, MO 65804