Certification Consultation Report Form – Clinicians

This form is to be completed and submitted by an approved member of the Chapter serving as one of the consultants. If the chapter has determined that the candidate is not yet prepared for certification (and is therefore not prepared to meet the Review Panel) this report does not need to be submitted but may be used for the chapter’s consultative process with the candidate.

Please save the completed form to your computer, and place the candidate’s last name in the name of the file. For example: “Jones – Chapter Consultation Report Form” or “Hernandez – Chapter Consultation Report Form”.

Send the completed form to Krista Argiropolis, Administrative Coordinator (krista@cpsp.org), and please keep a copy for your records.

Section 1.  
General Information’

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| 1.1 | Today’s Date: |
| 1.2 | Check Certification(s) the candidate is seeking:  Clinical Chaplain/Pastoral Counselor  Associate Clinical Chaplain/Pastoral Counselor |
| 1.3 | Candidate’s Name:  *Please type it exactly as it should appear on the certificate.* |
| 1.4 | Candidate’s Chapter: |
| 1.5 | Candidate’s Email: |
| 1.6 | Convener’s Name: |
| 1.7 | Convener’s Email: |
| 1.8 | Event name and date candidate is seeking for Review Panel:    *(If unknown, type “unknown”.)*  There are two training seminars in the East and one in the West. (NCTS-East, NCTS-West),  additional reviews may be scheduled in the West, and elsewhere if needed.  If a candidate is not certified, the Review Panel will inform the chapter convener within 30 days following the event. |
| 1.9 | Does the Chapter have Critical Mass?  Yes (skip to 1.12)  No (see 1.10)  *(Critical mass is four or more members holding the same certification that the candidate is seeking.)* |
| 1.10 | If No, what is the name of the Chapter working with the candidate? |
| 1.11 | Date of Consultation Meeting with Chapter: |
| 1.12 | Candidate has paid dues and is listed in the CPSP Directory?  Yes  No |
| 1.13 | Candidate is in good standing and attends Chapter meetings?  Yes  No |
| 1.14 | Is the candidate Board Certified with a cognate group?  Yes (see 1.15)  No (skip to 1.17) |
| 1.15 | If candidate is certified with another cognate group(s), please list the name of the group(s)? |
| 1.16 | List cognate certifications: |
| 1.17 | **Ethical and CPSP Commitment**  Evidence of high ethical commitment, including absolute respect for the worth and rights of persons.  Level of commitment to CPSP’s Covenant and Standards as a means to represent CPSP well in the public domain.  RESPONSE: |

Section 2.  
Education and Training

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| 2.1 | Degree(s):  Associate  Bachelor  Master (M.Div.)  Doctorate |
| 2.2 | Dates(s) of graduation: |
| 2.3 | College or university name and location: |
| 2.4 | Seminary or graduate school name and location: |
| 2.5 | Other degrees:  Yes (see 2.6)  No (skip to 2.7) |
| 2.6 | If Yes, date of graduation, name of degree, area of study, name and location of college, university or seminary: |
| 2.7 | Training:  Completion of 4 Units of CPT (1,600 hours required for Board Certification):  Yes  No  Completion of 2 Units of CPT (800 hours required for Associate Certification):  Yes  No |
| |  |  |  | | --- | --- | --- | | **CPT Center Name & Location** | **Training Dates** | **Supervisor’s Name** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | |

Section 3.  
Faith Group Accountability/Endorsement

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| 3.1 | What is your faith group and denomination? |
| 3.2 | Are you ordained?  Yes  No  If Yes, name of ecclesiastical ordaining authority and contact information: |
| 3.3 | Are you endorsed?  Yes  No  If Yes, name of ecclesiastical endorsing authority and contact information:    *(In religious bodies where ecclesiastical endorsement is required, please attach a copy of the endorsement letter to this application. A list of the registered Endorsing Bodies is on our website at cpsp.org, in the section on Certification.)* |

Section 4.  
Standards

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| 4.1 | Does the candidate meet all CPSP Standards for the certification requested?  Yes  No |
| 4.2 | Read and initial:  *I, the candidate, understand that this certification must be renewed annually through Chapter affiliation. If I allow this certification to lapse, I will not present myself publicly as a CPSP certified person.  The CPSP Directory lists all certified and non-certified members of the College of Pastoral Supervision and Psychotherapy. Any persons representing themselves as CPSP certified and not listed in our directory are misrepresenting themselves.  Additionally, I do attest to the validity of all documents submitted in support of this certification.*  *Furthermore, I agree that if I am found now or in the future to have misrepresented my background, training, education, and/or credentials that any certification granted by CPSP is subject to revocation.*  ***Candidate’s Initials:***  *As convener of the Chapter, I concur that the candidate statement above is correct and true, and that all documents were reviewed and approved by the chapter.*  ***Chapter Convener’s Initials****:* |

Section 5.  
Supporting Documents

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| 5.1 | Certification materials will be submitted as one file, in PDF format, for the review panel. |
| **Board Certified/Associate Clinical Chaplain & Pastoral Counselor** (See Certification Manual on cpsp.org website for current list of required documents.)   * A comprehensive autobiographical sketch. * A comprehensive theory paper of sufficient length to demonstrate the integration of personal, professional, and clinical competencies (CPSP Standards §720.3), addressing theory and theology of pastoral care and counseling. * Two recent case studies demonstrating current clinical work. * Evidence of faith group endorsement (if appropriate).   (CPSP Standards §610.3). | |

Section 6.  
Chapter’s Report

**The Chapter Convener or appropriate designee may complete this next section:**

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| 6.1 | Required Materials:  Did the candidate provide all of the written materials and required by the Standards and the Supporting Documents checklist (Section 5, of this form)?  Yes, the candidate provided all of the certification materials.  No, the candidate did not provide all of the certification materials  If No, then why not? |
| 6.2 | Quality of Written Materials:  From the review of the candidate’s written materials please describe how the candidate integrates (or fails to integrate) their unique personal history, use of self, and theology:    Are the written materials well organized and reflective of an appropriate level of academic professionalism? |
| 6.3 | Quality of Demonstrated Competence:  Describe how the candidate demonstrated, during the face-to-face certification review process, congruence between their submitted materials and their ability to integrate theory, theology, unique personal history and use of self in their clinical practice:    What were the strengths and weaknesses of the candidate during the give-and-take process of the consultation? |

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| 6.4 | Clinical Functioning:  Briefly describe how the candidate demonstrates their ability to integrate their theory, theology, and unique personal history in their clinical practice: |
| 6.5 | Theoretical Comprehension:  Report your assessment of the candidate’s demonstrated proficiency, competencies and skills required for the level of certification for which he/she is applying. Your assessment of the candidate’s knowledge of the core bibliography, including, but not limited to: crisis intervention theory and practice, grief and loss, interdisciplinary, and interfaith pastoral care. |

Section 7.  
Recommendation for Certification

The       Chapter has thoroughly reviewed and recommends       for board certification. We attest that all of the candidate’s documents are complete and ready for submission to the Review Panel, and that it is the chapter’s determination that the candidate meets the certification standards and is prepared to meet with the Review Panel.

Candidate’s Signature: Date:

Convener’s Signature: Date:

*Continued, next page.*

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| **Clinicians Participating in Consultation (Name/Chapter):** | **Date:** |
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