

Church Affiliation - Current

Church Denomination

List current or past ministry responsibilities (e.g., pastor, youth director, Sunday school teacher, elder)

Do you have any way to have regular "accountability" of your work and ministry? Please explain. (e.g. weekly or monthly supervision, discussion with other therapist(s) or pastor)

Professional Information

Give a brief overview of your professional experiences, including places, dates, and scope of activities.

Other educational experiences (workshops, seminars, etc.), dates attended.

With what professional organizations are you currently affiliated? Please list.

Are you licensed or certified by your state mental health governing board? Yes No

If so, what type of license or certification?

License or certification number and expiration date:

Licensing agency:

If not licensed, are you currently pursuing licensing?

Estimate Completion Date:

Any other certifications not listed above? Yes No
If yes, what kind?

Are you a member of the American Association of Christian Counselors (AACC)?
Yes No

If so, have you reviewed the new Law and Ethics Code of the AACC? Yes No
(For more information call 1-800-526-8673)

Are you a member of the Christian Association for Psychological Studies (CAPS)?
Yes No

If so, have you reviewed the CAPS Statement of Ethical Guidelines? Yes No
(For more information call (630) 639-9478)

Why did you choose counseling as a profession?

Why are you choosing to pursue a career in Christian counseling at this time?

Counseling Preferences

What types of clients do you counsel? (age, marital status, sex)

Specialties

In which of the following areas do you feel ESPECIALLY qualified?

- | | | | |
|--------------------------|---------------------------------|--------------------------|-------------------------------------------|
| <input type="checkbox"/> | ACOA | <input type="checkbox"/> | Marriage |
| <input type="checkbox"/> | Attention Deficit Disorder/ADHD | <input type="checkbox"/> | Mediation |
| <input type="checkbox"/> | Adoption | <input type="checkbox"/> | Mid-Life Crisis |
| <input type="checkbox"/> | Anxiety | <input type="checkbox"/> | Missionary Re-Entry |
| <input type="checkbox"/> | Anger Management | <input type="checkbox"/> | Obsessive/Compulsive Disorder |
| <input type="checkbox"/> | Assessment/Testing – Type? | <input type="checkbox"/> | Parenting |
| <input type="checkbox"/> | Bi Polar Disorder | <input type="checkbox"/> | Pastors' Families |
| <input type="checkbox"/> | Career | <input type="checkbox"/> | Phobias |
| <input type="checkbox"/> | Children | <input type="checkbox"/> | Play Therapy |
| <input type="checkbox"/> | Child/Physical Abuse | <input type="checkbox"/> | Post-Abortion |
| <input type="checkbox"/> | Chronic Pain | <input type="checkbox"/> | Post-Traumatic Stress |
| <input type="checkbox"/> | Crisis Counseling | <input type="checkbox"/> | Pregnancy |
| <input type="checkbox"/> | Depression | <input type="checkbox"/> | Pre-Marital |
| <input type="checkbox"/> | Disabilities | <input type="checkbox"/> | Prison/Probation |
| <input type="checkbox"/> | Dissociative Identity Disorder | <input type="checkbox"/> | Psychosis/Severe Mental Illness |
| <input type="checkbox"/> | Divorce Recovery | <input type="checkbox"/> | Rape Recovery |
| <input type="checkbox"/> | Domestic/Family Violence | <input type="checkbox"/> | Ritual Abuse |
| <input type="checkbox"/> | Eating Disorders | <input type="checkbox"/> | Sexual Abuse |
| <input type="checkbox"/> | Family | <input type="checkbox"/> | Sexual Problems |
| <input type="checkbox"/> | Finances | <input type="checkbox"/> | Singleness |
| <input type="checkbox"/> | Gender Identity Issues | <input type="checkbox"/> | <input type="checkbox"/> Spanish Speaking |
| <input type="checkbox"/> | Grief | <input type="checkbox"/> | Spiritual Issues |
| <input type="checkbox"/> | HIV/AIDS | <input type="checkbox"/> | Suicide/Suicidal |
| <input type="checkbox"/> | Homosexual Issues | <input type="checkbox"/> | Teenagers |
| <input type="checkbox"/> | Learning Disabilities | <input type="checkbox"/> | Women's Issues |
| <input type="checkbox"/> | Life Coaching | | |

Addictions:

- Alcohol
- Drugs
- Gambling
- Internet/Chat Rooms
- Sexual Addiction/Pornography

Geriatrics:

- Adult Children Relationships
- Alzheimers/Dementia
- Grandparenting

Do you have any specialties not listed?

If so, what are they?

What issues do you prefer **NOT** to treat?

Liability/Malpractice

One of our requirements is that you carry Liability/Malpractice insurance.

*****PLEASE INCLUDE A COPY OF YOUR LIABILITY/MALPRACTICE INSURANCE*****

Do you carry malpractice insurance? Yes No

If not, why?

Have you ever been denied malpractice insurance? Yes No

If yes, explain:

Have you ever had a malpractice claim/suit filed against you? Yes No

If yes, what were the results of the findings?

Were there any disciplinary actions taken? Yes No

If yes, explain.

By which agencies/government, agencies/professional?

Family Values experience and exposure

Do you listen to Christian radio broadcasts? Yes No

Which stations and broadcasts do you listen to?

If so, how often? Daily 2-4 times/week Weekly Occasionally Never

Please **LIST** which books you have read, or film/videos you have seen, that are integral in your Christian Counseling:

Theoretical Views

(Please be thorough in your responses, attach separate pages if necessary)

What is your theoretical basis for counseling? Please be specific

Do you integrate biblical precepts and truths with psychological theories in counseling?
If so, how?

How do you use prayer/scriptures in counseling?

How do you see the church fitting into the counseling process?

What is your view of the Lord in the healing process?

How do you determine when a client is ready to terminate/graduate from counseling?

What Christian leader/author has **most** influenced you?

Spiritual

(Please be thorough in your responses, attach separate pages if necessary)

What is your definition of a Christian? How does one become a Christian?

How would you describe your relationship with Jesus Christ?

What is your basic view of scripture?

What is your basic view of spiritual warfare?

To what degree do you disclose your own spiritual walk in the therapeutic setting? Why? Why not?

Theological/Personal Convictions

The following areas reflect Cord of Three's core values.

Please give us *both* your approach in counseling *and* what you understand the Bible teaches regarding the following issues (Please be thorough attach pages if necessary):

- 1) Abortion -
- 2) Divorce (include Biblical reasons) -
- 3) Remarriage (include Biblical reasons)-
- 4) Pre- and extra-marital sexual activities -
- 5) Homosexuality -
- 6) Marriage -
 - a) Roles of husbands -
 - b) Roles of wives -
- 7) Pornography/Sexual Addiction -
- 8) Child discipline (include your philosophy of spanking) -

Associates and Colleagues – Letters of Reference

Please include three letters of reference – one letter from your pastor or someone familiar with your Christian walk and two from a professional colleague who is familiar with your practice and skills.

Other Items Required

Please include a copy of the following items with this application:

- Degree Certificate
- Driver's License
- Social Security Card
- Professional Licensure
- Resume

Please return to:

Cord of Three Counseling Services, Inc.
PO Box 151 ~ Patterson, Georgia 31557
(912) 282-0992/Phone ~ (912) 647-0510/Fax

Attn: Executive Director

THANK YOU FOR COMPLETING THIS APPLICATION

**Cord of Three Counseling Services, Inc.
Clay D. Gill, Executive Director**