

APPLICATION FOR ENROLLMENT IN THE CRISIS CHAPLAINCY CARE BASIC CERTIFICATION COURSE.

You will not be considered enrolled without this form. Please complete the following and return prior to training deadline.
CRISIS CHAPLAINCY CARE, INC. 4311 S. 31st, Suite 150/127, Temple, TX 76502
Enroll Online at www.FaithBasedCounseling.com/schedule
EMAIL: FBCTI@aol.com If you are not comfortable enrolling online, please call 254 231-4334 and we will enter your information from the home office.

TUITION: \$ 275

Pay By Credit Card: () MasterCard () Visa () Discover () AMEX

Credit Card # _____

Expiration Date _____ 3 Digit Security Code on Back of Card _____

Name on Card: _____

Billing Address for Card: _____

City _____ ST _____ Zip _____

Home Phone _____

Email Address _____

Or Check by Mail made out to: (FBCTI) The Faith Based Counselor Training Institute

STUDENT INFORMATION - YOUR NAME SHOULD BE AS YOU WANT IT TO APPEAR ON YOUR CERTIFICATION. THERE WILL BE A \$25 FEE IF CHANGES ARE MADE AFTER THE TRAINING. A PASSPORT PHOTO IS REQUIRED FOR YOUR CRISIS CHAPLAINCY BADGE. MAIL PRIOR TO TRAINING OR BRING TO DOOR AT THE TIME OF THE CLASS. (Get you photos at Walgreens, etc.)

Name _____

Address _____

City _____ ST _____ Zip _____

Phone (H) _____ (W) _____ (C) _____

Email _____

Counseling and Ministry Experience, If Applicable:

Are You? ___ Licensed: Type _____ ___ Intern ___ Chaplain ___ Other(Exp) _____

Current License? ___ LPC ___ LCDC ___ LMFT ___ LSW ___ Other(Exp) _____

Ministry Experience (If Applicable)

___ Pastor ___ Evangelist ___ Teacher ___ Staff Member ___ Counselor ___ Other(Exp) _____

___ Licensed ___ Ordained ___ Neither ___ Other(Exp) _____

Your Time Commitment: ___ Full Time ___ Part Time ___ Volunteer

Will You Need 8 hours of CEU's? ___ Yes ___ No