

APPLICATION FOR
CHAPLAIN AND CPE SUPERVISOR RENEWAL



Please clearly print or type.

1. MEMBERSHIP NUMBER: _____

2. TITLE: Rev. Sister Brother Deacon Mr. Mrs. Miss Ms. Dr. Other _____
(Please check one)

3. NAME: _____
(Last Name) (First Name) (MI)

4. MAILING ADDRESS: _____

(City) (State) (Zip)

5. HOME TELEPHONE NUMBER: (_____) _____

6. OFFICE TELEPHONE NUMBER: (_____) _____

7. OFFICE FAX NUMBER: (_____) _____

8. E-MAIL ADDRESS: _____

9. CERTIFICATE:

Please print or type your name as you wish it to appear on your renewal of certification certificate.

(Name)

10. LETTER OF RECOMMENDATION (for lay applicants)

If you are a lay applicant you are responsible for requesting a letter of recommendation from your pastor or a priest in active ministry. Letter is to be a signed original on letterhead. The NACC will not request this letter for you. This letter of recommendation is to be sent directly to the NACC National Office. The NACC sends a copy of this letter to your bishop when your endorsement is requested.

11. ENDORSEMENT:

The NACC National Office requests a current letter of endorsement. Current is defined as within one year of application for renewal of certification. This letter is formal approval for ministry by the bishop of the diocese in which you minister, or by your major superior if you are a member of a religious order, or your ordinary (understood as the bishop of the diocese where you are incardinated) if you are a diocesan priest or deacon.

THE NACC NATIONAL OFFICE WILL REQUEST YOUR LETTER OF ENDORSEMENT.

On the lines below, please provide the name, title, and address of:

- YOUR (ARCH) BISHOP, if you are a lay person, OR
- YOUR MAJOR SUPERIOR, if you are a religious priest, brother, or sister, OR
- YOUR ORDINARY (from the diocese where you are incardinated), if you are a diocesan priest or deacon.

NAME: _____
(Last Name) *(First Name)* *(MI)*

ADDRESS: _____

(City) *(State)* *(Zip)*

12. RENEWAL OF CERTIFICATION FEE:

The fee for renewal of certification is \$170.

I am enclosing along with this completed application, my:

- Education Report Forms,
- Peer Review Form,
- Ethics Accountability Statement, and
- Check for \$170 made payable to the NACC.

Please mail all these items together to:

NACC
4915 S. Howell Avenue, Suite 501
Milwaukee, WI 53207-5939

(Date)

(Applicant's Signature)