

THE NATIONAL ASSOCIATION OF
CATHOLIC CHAPLAINS

OFFICE USE ONLY

Membership Number: _____

Month/Year Joined: _____

Payment Method: _____

Please clearly print or type:

1. MEMBERSHIP:

\$275.00 Membership payment is enclosed: (\$275.00 annual dues)

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

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

4. RELIGIOUS ORDER: _____ **RELIGIOUS INITIALS:** _____
(If applicable) (If applicable)

4a. _____ **4b.** _____
(Diocese of Residence) (Diocese of Employment)

5. GENDER: Male Female

6. RESIDENCE ADDRESS: _____

(City) (State) (Zip)

(County) (Diocese)

7. HOME TELEPHONE NUMBER: (_____) _____ **MOBILE TELEPHONE NUMBER:** (_____) _____

8. EMPLOYMENT:

WORKPLACE: _____

YOUR TITLE: _____

DEPARTMENT: _____

9. WORKPLACE ADDRESS: _____

(City) (State) (Zip)

10. WORKPLACE TELEPHONE NUMBER: (_____) _____ **EXT:** _____ **PAGER:** _____

11. I would like my mail to be directed to my: Residence Workplace

12. E-MAIL ADDRESS: _____ **SECOND EMAIL ADDRESS:** _____

13. FAX NUMBER: (_____) _____

14. DATE OF BIRTH: _____ / _____ / _____
(Month) (Day) (Year)

15. RELIGIOUS AFFILIATION: Roman Catholic Other _____

16. DATE OF ORDINATION/PROFESSION: _____ / _____ / _____
(If applicable) (Month) (Day) (Year)

17. PLACE OF ORDINATION/PROFESSION: _____
(If applicable)

18. MEMBERSHIP/CERTIFICATION:

18a. Have you ever been a member of the NACC?: Yes (go to 18b.) No (skip to 18d.)

18b. Have you ever been certified by the NACC?: Yes (go to 18c.) No (skip to 18d.)

18c. What is the date of your original certification?: _____ / _____ / _____
(Month) (Day) (Year)
(Please include a copy of your certification certificate or letter of recognition of your certification, for documentation purposes.)

18d. If you are a Catholic joining as a member (\$275.00), would you like to receive a certification application?
 Yes No (Student and Associate members are **not** eligible to receive a certification application)

19. List any other pastoral care associations that have certified you: _____

20. CLINICAL PASTORAL EDUCATION:

If you are currently enrolled in a Clinical Pastoral Education (CPE) Program, please provide:

LOCATION: _____
(Center) (City) (State)

SUPERVISOR: _____

21. NUMBER OF CPE UNITS COMPLETED TO DATE: CPE _____ Supervisory CPE _____

22. EDUCATIONAL BACKGROUND:

COLLEGE / GRADUATE SCHOOL / SEMINARY: _____

DEGREE(S): _____

FIELD: _____

YEAR DEGREE EARNED: _____

COLLEGE / GRADUATE SCHOOL / SEMINARY: _____

DEGREE(S): _____

FIELD: _____

YEAR DEGREE EARNED: _____

23. PASTORAL MINISTRY EMPLOYMENT BACKGROUND:

EMPLOYER: _____
(Name) (City) (State)

DATES: _____ to _____ Full-time Part-time

EMPLOYER: _____
(Name) (City) (State)

DATES: _____ to _____ Full-time Part-time

24. TYPE OF WORKPLACE / INSTITUTION: (Please check one)

- Academic Prison/Corrections Hospital/Medical Center Hospice Mental Health
- Nursing/Retirement Home Parish Rehabilitation Diocese Religious Community
- Funeral Home/Mortuary Other _____

25. SPONSORSHIP OR WORKPLACE / INSTITUTION: (Please check one)

- Catholic Jewish Protestant Federal State Local Other _____

26. YOUR PRIMARY RESPONSIBILITY: *(Please check one)*

- Administration Chaplain Director Educator Parish Ministry Nurse Student
- Other _____

27. VOLUNTEERING:

- I would like to share my gifts by volunteering with the NACC:
- National Conference Task Force
 - Other event committees
 - Certification interview team (certified chaplains and CPE supervisors only).
 - Speaker (please list topic): _____

28. OPTIONAL FOR USCCB/CCA STATISTICAL PURPOSES

ETHNICITY *(Please check all that apply):*

- White
- Black or African American
- American Indian and Alaska Native
- Asian
- African
- Native Hawaiian and other Pacific Islander
- Hispanic or Latino
- Multiracial
- Other _____

29. National Association of Catholic Chaplains Member Ethics Statement

Membership in the National Association of Catholic Chaplains (NACC) means that you will abide by the NACC Code of Ethics and are qualified for the membership category selected. By becoming an NACC member, you are agreeing to be subject to the rules, regulations, and enforcement of the terms of the NACC Code of Ethics (available to you at <http://www.nacc.org/certification/standards-and-procedures.asp>).

Your signature below attests that all information provided on this application is true and accurate, you have reviewed the NACC Code of Ethics and pledge to uphold it, and you acknowledge that you can be held accountable under the NACC Standards and Procedures for any violation of the Code.

(Signature)

(Date)

PLEASE NOTE:

- Please enclose the appropriate dues in U.S. funds with this application. Make your check payable to: NACC.
- Mail completed application and fee to:

National Association of Catholic Chaplains
4915 S. Howell Avenue, Suite 501
Milwaukee, WI 53207-5939

(Date)

(Applicant Signature Required)