



4915 S. Howell Avenue
Suite 501
Milwaukee, WI 53207-5939
Telephone: 414.483.4898
Fax: 414.483.6712

www.nacc.org

OFFICE USE ONLY

Membership Number: _____
Month/Year Joined: _____
Payment Method: _____
Level Change: _____

Please clearly print or type:

1. MEMBERSHIP:

\$325.00 Membership annual dues payment is enclosed:

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. _____
(Diocese of Residence)

4b. _____
(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 Full Member would you like to receive a certification application?
Board Certified Chaplain Yes
Certified Associate Chaplain Yes

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. 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 _____

28. 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.

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.

The NACC Code of Ethics for Spiritual Care Professionals and the Ethics Procedures Manual are available to you on the NACC website:
<http://www.nacc.org/certification/nacc-certification-competencies-and-procedures/professional-code-of-ethics/>.

(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)