



4915 S. Howell Avenue
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Milwaukee, WI 53207-5939
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www.nacc.org

OFFICE USE ONLY	
Mbr Status:	_____
Cert Years:	_____
EAS Rec:	_____

**APPLICATION FOR RETIRED CHAPLAIN or EDUCATOR RENEWAL
UTILIZING REDUCED CERTIFICATION REQUIREMENTS**

This application should be used by a NACC **Retired Board Certified member** (Chaplain or Educator) who wishes to renew their certification using the reduced renewal of certification requirements. Retired Board Certified members renewing certification utilizing these requirements are **not** eligible to serve on governing or certification bodies of the NACC.

REQUIREMENTS: Must be a Retired Board Certified member of the NACC who has been certified for a minimum of five years and has completed a minimum of one renewal of certification process.

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

4. **MAILING ADDRESS:** _____

(City) (State) (Zip)

5. **HOME TELEPHONE NUMBER:** _____

6. **MOBILE TELEPHONE NUMBER:** _____

7. **E-MAIL ADDRESS:** _____

8. **YEAR OF INITIAL CERTIFICATION:** _____

9. **YEAR OF LAST RENEWAL OF CERTIFICATION:** _____

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

10. **SIGN, DATE, AND SUBMIT TO:** National Association of Catholic Chaplains
4915 South Howell Avenue, Suite 501
Milwaukee, WI 53207

(Signature) (electronic signature accepted)

(Date)

**Ethics Accountability Statement for Renewal of Certification
EP51**

*****Please read and complete all sections*****

I, _____, certify that since my initial certification or last renewal of certification
(Full Printed or Typed Name)

- a) No disciplinary or corrective action arising from a complaint of unethical and/or criminal conduct has been imposed on me, and no complaint against me for unethical and/or criminal conduct is pending in a civil, criminal, ecclesiastical, employment, or other professional organization's forum; and
- b) I have never resigned, been transferred or terminated, nor negotiated a settlement from a position for reasons related to unethical and/or criminal conduct.

(Signature) (electronic signature accepted)

(Membership Number)

(Date)

If you cannot sign the above statement, please provide on a separate sheet(s) an account of the complaint including the forum, the charges, and the final outcome. Include the names and contact information for people involved in the process that you authorize to provide full information to members of the Accountability Review Team of the NACC Ethics Commission.



I understand that, as a condition of membership in the National Association of Catholic Chaplains, I will provide to the Association notification of any complaint of unethical and/or criminal conduct filed against me within thirty (30) days of that complaint. Failure to report or provide accurate, full, and truthful information will be grounds for disciplinary action, including withdrawal of certification and removal of membership in the National Association of Catholic Chaplains.

(Signature) (electronic signature accepted)

(Membership Number)

(Date)

**Please complete and return to:
NACC National Office
4915 S. Howell Avenue, Suite 501
Milwaukee, WI 53207**