



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

OFFICE USE ONLY

Fee Rec: \_\_\_\_\_  
EAS Rec: \_\_\_\_\_  
Cert Dates: \_\_\_\_\_  
Report Yrs: \_\_\_\_\_

**APPLICATION FOR CHAPLAIN-VETERANS AFFAIRS RENEWAL OF CERTIFICATION**

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:** \_\_\_\_\_ **MOBILE TELEPHONE NUMBER:** \_\_\_\_\_

6. **OFFICE TELEPHONE NUMBER:** \_\_\_\_\_ **OFFICE FAX NUMBER:** \_\_\_\_\_

7. **E-MAIL ADDRESS:** \_\_\_\_\_

8. **RESUME OF MINISTERIAL EXPERIENCE:** (Please list most recent first)

**\*INSTITUTION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip)

**POSITION:** \_\_\_\_\_

**DATES:** \_\_\_\_\_ TO \_\_\_\_\_

**\*INSTITUTION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip)

**POSITION:** \_\_\_\_\_

**DATES:** \_\_\_\_\_ TO \_\_\_\_\_

**\*INSTITUTION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip)

**POSITION:** \_\_\_\_\_

**DATES:** \_\_\_\_\_ TO \_\_\_\_\_

9. **CERTIFICATE:**

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

\_\_\_\_\_  
(Name)

**10. CERTIFICATION VERIFICATION**

If your employer requires verification of your certification once the renewal process is complete, please list your employer's contact information.

**NAME:** \_\_\_\_\_  
*(First Name) (MI) (Last Name)*

**TITLE:** \_\_\_\_\_

**INSTITUTION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_  
*(City, State Zip) (Email)*

**11. ENDORSEMENT:**

The NACC National Office requires and requests a current letter of ecclesiastical endorsement (Competency 806.MNT3) from the Archdiocese of the Military. Current is defined as within one year of application for certification. Upon receipt of your application and supportive materials, the NACC National Office will request a current letter of endorsement (CP14.31.4) to be sent directly to the National Office. Ecclesiastical endorsement also assures NACC that any Safe Environment Training requirements (of the endorsing body) have been met by the Chaplain. Renewing chaplains are encouraged to reach out to their endorsing body to ensure they have met these requirements prior to submitting their renewal application to the NACC.

**12. The following items will need to be sent to the NACC:**

- Completed Renewal of Certification Application Form
- Education Report Forms
- Peer Review Form
- Evidence of employment by a Veterans Affairs facility (copy of chaplain's listing in the National Chaplain Center Directory)
- Ethics Accountability Statement
- Check or Money Order in the amount of \$200.00 payable to the NACC

All items must be mailed together and sent to:

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

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Applicant's Signature) (electronic signature accepted)*