



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 EDUCATOR 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. 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. The letter is to be 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. If you are a lay applicant ministering in the Archdiocese of New York, please contact the NACC National Office for additional information. Sample letters of recommendation are available on the NACC website.

**12. 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 **one** of the following:

- If you are a **lay person** -- YOUR (ARCH) BISHOP OF THE DIOCESE IN WHICH YOU MINISTER (WORK)
- If you are a **religious priest, brother, or sister** -- YOUR MAJOR SUPERIOR
- If you are a **diocesan priest or deacon** -- YOUR ORDINARY (from the diocese where you are incardinated)

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

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

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

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

\_\_\_\_\_  
*(City, State Zip) (Email – only required if outside of the United States)*

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

- Completed Renewal of Certification Application Form
- Education Report Forms from your most recently completed ACPE or CASC Renewal Process
- Peer Review Form from your most recently completed ACPE or CASC Renewal Process
- Ethics Accountability Statement
- Check or Money Order in the amount of \$100.00 payable to the NACC\* \*Note: Fee is waived for NACC retired members

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)*