BCLC APPLICATION

Thank you for your interest in pursuing a credential with the **Board of Christian Life Coaching** (BCLC). Please complete and **PRINT** all requested information in a legible manner or mark N/A if not applicable. Illegible and/or incomplete applications with missing information may be returned to the applicant. Please **respond to all sections**.

The BCLC will not disclose the confidential information given in this application without your express, written consent. *Please allow 4-6 weeks for processing.*

ast Name		st Name	MI
Home Address			
City	State	Zip	Country
Name of Practice/Organizati	on/University/Church, etc	c., where you work and/or prov	vide counseling/caregiving services
Business Address			
City	State	Zip	Country
Work Phone		E-Mail Address	
Fax		Secondary/Emergenc	y Phone
Cell Phone (<i>optional</i>)		Home Phone (<i>optic</i>	onal)
☐ Male ☐ Female	Age	Ethnicity	
Credential Designation	on		
I am applying for the	following credentia	l (select one):	
☐ Certified Chri	stian Life Coach (24	hours of education/tra	aining required)
☐ Certified Adv	anced Christian Life	e Coach (36 hours of ed	ucation/training required)
☐ Certified Mas	ter Christian Life Co	oach (60 hours of educ	ation required; 1 year experier
— certifica ivias	ter emistian Ene et	ouen (ou nound or cause	acioni regamea) = year experier

Note: education/training must include life coaching concepts and content, and that also incorporates

biblical principles and coaching skills with appropriate theory, knowledge, and professional practice.

		C								

applicant's initials

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· · · · · · · · · · · · · · · · · · ·	of contact hours pertaining to education/training in life coaching theory, skills, knowledge and practice: \Box Yes \Box No
Please describe the nature of the education	on/training you received:
I have appropriate documentation verify transcripts, diplomas, certificates of comp	ving my education/training in biblically-based life coaching (e.g. letion, letters, etc.): ☐ Yes ☐ No
V. Professional Life Coaching Experience	e (required for Masters & Professional levels)
<u>List L</u>	<u>life Coaching Experience</u>
/. Professional Liability Information	
,	r professional and/or ministerial liability/malpractice insurance.
Carrier	Policy #
Address	Phone #
Effective Date	Expiration Date
Coverage Per Incident/Occurrence	Per Aggregate
Name of Policy Holder	
•	
/I. Spiritual Orientation and Practice	
Please define/describe your thoughts and I	beliefs on the following questions.

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В.		Christian?	
c.	Describe your beliefs about the	ne Bible.	
D.	Describe your beliefs about the	ne Holy Spirit.	
E.		l testimony, spiritual journey, and current walk with (
F.	What role do you baliave the	e local church has in the life coaching process?	

G.	Describe your life coaching practice/setting and how you incorporate spiritual practices and disciplines in your life coaching activities (e.g., prayer, the use of Scripture/biblical principles, fasting, meditation, worship, solitude, etc.)?
	
VII. A	ttestation
kn	ote: The following statements require your attestation (affirming each one to be true to the best of your owledge). Please be sure to <i>respond to each and every section</i> regarding yourself and your unseling/caregiving practice or ministry.
Sto	nave read the <i>BCLC Attestation Document</i> (addressing my Christian testimony, the <i>AACC Doctrinal atement</i> , ethical integrity, legal history, and the 2014 <i>AACC Christian Coaching Code of Ethics</i>) and am in 10% compliance with all requirements and statements of fact outlined in this document: \square Yes \square No
Do	I am not in 100% compliance with all requirements and statements of fact in the BCLC Attestation ocument noted above, I have attached any and all additional documentation explaining my responses in other detail: \square Yes \square No
	have read, discussed as needed, and fully understand the <i>BCLC Agreement Document</i> and I do hereby ree with all consent and authorization statements that are described therein: \square Yes \square No
tw	Inderstand that in order to renew and maintain my BCLC credential, I must complete a minimum of relve (12) contact hours of approved Continuing Education every two years and that these hours must corporate biblical principles and life coaching skills with theory, knowledge and practice. I further knowledge I have read and understand the BCLC Continuing Education Guidelines:
Pr	ttest that if I am applying for either the Certified Master Christian Life Coach (CMCLC) or the Certified ofessional Christian Life Coach (CPCLC) credential, I also have a minimum of one year of actual life aching experience: \square Yes \square No

(applicant's initials _____)

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BCLC APPLICATION FORM	(applicant's initials) page 5
I understand I am applying for a Board of meet all the necessary requirements. Ther the BCLC Credentialing Committee, includi Yes No	efore, I am submitting my fo	ormal application for consideration by
VIII. Preferred Name with Credentials		
Please print in the space below, ho (including appropriate punctuation) or represent an <i>earned</i> degree from a degree in process or honorary decredentials listed must have already you are applying for. Academic degree discipline), followed by licenses and of <i>letters</i> after your name.	on the BCLC Credential C regionally accredited inserges, and any state/restant been earned/received. Deceived of the contraction of the contract	rertificate. Any degree listed must stitution of higher learning (not a gulated licenses or professional to not include the BCLC credential ally only one from any particular
I affirm and attest that my name and to I desire for them to appear on my accurate portrayal (as described about and/or certification:	BCLC Credential Certifica	te and further reflect a true and
Please P	rint Name and Credentials Cle	early
IX. Required Attachments		
I have attached the following required doc	uments:	
Evidence of education and training in	biblically-based coaching:	☐ Yes ☐ No
Evidence of other coaching certification	on and/or credentialing:	☑ Yes ☐ No ☐ N/A
Evidence of professional liability insur	ance: 🗖 Yes 🗖 No 🗖	N/A
Explanation/further documentation re	e: Section VII above (if nece	ssary): 🗆 Yes 🗅 No 🗀 N/A
Pastoral Reference Form (in a sealed a	and signed envelope): \Box	Yes □ No
Professional Reference Form (in a sea	led and signed envelope):	☐ Yes ☐ No
Personal Reference Form (in a sealed	and signed envelope):	Yes 🗖 No
Application Fee, <i>made out to IBCC</i>	☐ Yes ☐ No	
I affirm and attest by my signature be truthfully and have done so to the best of AACC and/or the IBCC to verify this inforfacts might become known to third particularly and enclosed in this Application exception.	of my knowledge and with j mation and understand the arties. I expressively waive	full disclosure. I further authorize the at in the process of verification, these any claim to confidentiality of the