



Board of Mental Health Coaching APPLICATION FORM

Thank you for your interest in pursuing the **Board Certified Mental Health Coach (BCMHC)** or **Board Certified Master Mental Health Coach (BCMMHC)** Credential from the **Board of Mental Health Coaching**. Please complete the following form with all information (or mark N/A if not applicable). Incomplete applications with missing information (unless otherwise specified) will be returned to the applicant.

I. Demographic Information

Last Name

First Name

MI

Home Address

City

State

Zip

Country

Name of Practice/Organization//Church, etc. where you work and/or provide mental health coaching services

Business Address

City

State

Zip

Country

Work Phone

E-Mail Address

Fax

Secondary/Emergency Phone

Cell Phone

Home Phone (*optional*)

Male

Female

Age: _____

Ethnicity: _____

II. Credential Designation

I am applying for the following credential (**select one**):

- Certified Mental Health Coach (42 hours** of education/training required)
- Certified Master Mental Health Coach (64 hours** of education/training required)

Note: education/training must include completion of the Mental Health First Responder Training offered by Light University.

III. Professional/Formal Education and Training

Certified Mental Health Coach

I have met the requirements for the **Certified Mental Health Coach (42 hours** of education/training required)

- Yes** (I have met the requirements for the **Certified Mental Health Coach (42 hours** of education/training required: Mental Health Coach 101, 201 and 301)
- No** (I have not met the requirements for the **Certified Mental Health Coach (42 hours** of education/training required: Mental Health Coach 101, 201 and 301)

I have appropriate documentation verifying my education/training through Light University's Mental Health Coach First Responder Training (e.g., transcripts, diplomas, certificates of completion, letters, etc.):

- Yes No

Certified Master Mental Health Coach

I have met the requirements for the **Certified Master Mental Health Coach (64 hours** of education/training required)

- Yes** (I have met the requirements for the **Certified Master Mental Health Coach (64 hours** of education/training required: Mental Health Coach 101, 201, 301 and MHC Specialization)
- No** (I have not met the requirements for the **Certified Master Mental Health Coach (64 hours** of education/training required: Mental Health Coach 101, 201, 301 and MHC Specialization)
- N/A** (I am not applying for this credential at this time)

I have appropriate documentation verifying my education/training through Light University's Mental Health Coach First Responder Training (e.g., transcripts, diplomas, certificates of completion, letters, etc.):

- Yes No

IV. Attestation

Note: The following statements require your attestation (affirming each one to be true to the best of your knowledge). Please be sure to respond to each and every section regarding yourself and your counseling/caregiving practice or ministry.

I have read the AACC Doctrinal Statement, ethical integrity, legal history, Mental Health Coach and 2014 AACC Code of Ethics) and am in 100% compliance with all requirements and statements of fact outlined in this document: Yes No

I understand that in order to renew and maintain my BMHC credential, I must complete a minimum of twelve (12) contact hours of approved Continuing Education every two years and that these hours must incorporate biblical principles and life coaching skills with theory, knowledge and practice. I further acknowledge I have read and understand the BMHC Continuing Education Guidelines: Yes No

I understand that a BMHC credential is a voluntary National Credential and does not offer any state or national licenses. Yes No

V. Preferred Name with Credentials

In the space below, list how you would like your name and credentials to appear (including appropriate punctuation) on the BMHC Credential Certificate. Any degree listed must represent an earned degree from a regionally accredited institution of higher learning (not a degree in process or honorary degree), and any state/regulated licenses or professional credentials listed must have already been earned/received. Do not include the BMHC credential you are applying for. Academic degrees are listed first (usually only one from any particular discipline), followed by licenses and other certifications. Please do not use more than three sets of letters after your name.

I affirm and attest that my name and the credentials given on the line below are printed exactly as I desire for them to appear on my BMHC Credential Certificate and further reflect a true and accurate portrayal (as described above) of my valid professional education, training, licensure, and/or certification: Yes No

Please Print Name and Credentials Clearly

I affirm and attest by my signature below that I have answered all the questions in this application truthfully and with full disclosure.

Applicant Signature

Date