

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. *Please allow 4-6 weeks for processing*.

I. Demographic Information MI Last Name First Name 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 Ethnicity:

(applicant's initials _____)

Page 1 of 3

BMHC APPLICATION FORM

| II. Credential Design | ation |
|---|--|
| I am applying for the follo | owing credential (select one): |
| | Mental Health Coach (42 hours of education/training required) Master Mental Health Coach (66 hours of education/training required) |
| Note : education/training University. | g must include completion of the Mental Health First Responder Training offered by Light |
| III. Education and T | <u>raining</u> |
| Certified Mental Health | Coach |
| I have met the requirement | nts for the Certified Mental Health Coach (42 hours of education/training required) |
| education/training red No (I have | ave met the requirements for the Certified Mental Health Coach (42 hours of quired: C-MHC 101, C-MHC 201, C-MHC-301) we not met the requirements for the Certified Mental Health Coach (42 hours of quired: C-MHC 101, C-MHC 201, C-MHC-301) |
| | entation verifying my education/training through Light University's Mental Health raining (course certificates): |
| □ Yes □ 1 | No |
| Please include a copy of | each course certificate with the application. |
| Certified Master Menta | l Health Coach |
| I have met the requirement required) | ents for the Certified Master Mental Health Coach (64 hours of education/training |
| education/training red No (I have education/training red | e met the requirements for the Certified Master Mental Health Coach (66 hours of quired: C-MHC 101, C-MHC 201, C-MHC-301 and MHC Specialization) not met the requirements for the Certified Master Mental Health Coach (66 hours of quired: C-MHC 101, C-MHC 201, C-MHC-301 and MHC Specialization) not applying for this credential at this time) |
| | entation verifying my education/training through Light University's Mental Health raining (course certificates): |
| □ Yes □ 1 | No |
| Please include a copy of | each course certificate with the application. |
| | |
| | |
| | |
| | |
| | |

(applicant's initials _____)

BMHC APPLICATION FORM

Page 2 of 3

| IV | | Attestation |
|----|---|--------------|
| | • | Tittottution |

BMHC APPLICATION FORM

| Note : The following statements require your attestation (affirming each one to be knowledge). Please be sure to respond to each and every section regarding yours coaching/caregiving practice or ministry. | | | | |
|--|---|--|--|--|
| I have read the AACC Doctrinal Statement, Mental Health Coach Code of Ethics and am in 100% compliance with all requirements and statement document: ☐ Yes ☐ No | | | | |
| I understand that in order to renew and maintain my BMHC credential, I twelve (12) contact hours of approved Continuing Education every two y incorporate biblical principles and life coaching skills with theory, know acknowledge I have read and understand the BMHC Continuing Education | years and that these hours must ledge and practice. I further | | | |
| I understand that a BMHC credential is a voluntary National Credential a national licenses. ☐ Yes ☐ No | and does not offer any state or | | | |
| 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. <i>Do not include the BMHC credential you are applying for.</i> 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. | | | | |
| Example: John Doe, M.A., LPC | | | | |
| I affirm and attest that my name and the credentials given on the line beldesire for them to appear on my BMHC Credential Certificate and further portrayal (as described above) of my valid professional education, training certification: □Yes □No | er reflect a true and accurate | | | |
| 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 | | | |

(applicant's initials _____)

Page 3 of 3