

BMHC RENEWAL FORM, ATTESTATION, AND AGREEMENT

Thank you for your interest in maintaining a **BMHC** credential through the renewal process. Please complete and **PRINT** all information that is requested in a legible manner or mark N/A if not applicable. Illegible and/or incomplete applications with missing information will be pended and the applicant will be contacted. This may delay the processing of the renewal. Please **fill in all sections**.

The **BMHC** will not disclose the confidential information given in this application without your express written consent. Applicants who receive a core credential through the **BMHC** and elect to participate in the AACC's comprehensive Christian Care Network understand that certain contact information (**only business related and not personal**), along with other pertinent demographic information (gender, age, ethnicity, years of experience, credentials, areas of specialization, etc.), may be listed in resource directories in order to assist those seeking help in making appropriate and/or desired choices for care.

Please allow 2-4 weeks for processing.

I. Demographic Information Update

Please complete the following so we can ensure that our records are current.

Last Name	First Name	MI	

Home Address			

City	State	Zip	Country

Name of Practice/Organization/University/Church, etc., where you work and/or provide counseling/caregiving services			

Business Address			

City	State	Zip	Country

Work Phone	E-Mail Address		

Fax	Secondary/Emergency Phone		

Cell Phone (<i>optional</i>)	Home Phone (<i>optional</i>)		

II. Continuing Education Attestation

Please *check the ONE appropriate BOX below* indicating that you have completed the required number of Continuing Education hours for the **BCMHC** Credential you have received. *Please do not send any supportive documentation for CE hours unless it is specifically requested, or you are audited.*

**Please make sure to only check your current, awarded credential level.*

- I attest that I have completed the required **6 hours** (*first year only*) or **12 hours** of Continuing Education hours necessary to maintain my **BCMHC (Board Certified Mental Health Coach)** credential and that these hours incorporated biblical principles and counseling skills with clinical theory, knowledge, and practice. I further understand that I may be audited by the BCMHC Credentialing Board at any time and asked to provide supportive documentation for my CE hours.
- I attest that I have completed the required 12 hours of Continuing Education hours necessary to maintain my **BCMMHC (Board Certified Master Mental Health Coach)** credential and that these hours incorporated biblical principles and counseling skills with clinical theory, knowledge, and practice. I further understand that I may be audited by the BCMMHC Credentialing Board at any time and asked to provide supportive documentation for my CE hours.

V. General Practice Attestation

Each applicant must demonstrate and maintain ethical integrity in all mental health coaching, ministerial, and professionally related activities. Please note that a “**Yes**” answer to questions 1-5 will not necessarily disqualify you for credential renewal. If the case has been properly remedied and/or disposed of, and you are under no current ethical complaint or investigation, then the application process can proceed.

1. Since your initial credential or last renewal, have you been sued and/or lost (a civil malpractice action), or been criminally indicted for any actions related to your mental health coaching, professional and/or ministerial practice?
 Yes No
2. Since your initial credential or last renewal, have you had your membership with any professional association suspended or sanctioned in any manner for any actions related to your mental health coaching, professional and/or ministerial practice?
 Yes No N/A
3. Since your initial credential or last renewal, has a client or colleague complained about you and/or your practice with them to the extent that your practice has been suspended or more closely monitored by your employing agency, practice/ministerial supervisor, and/or credentialing board, etc.?
 Yes No
4. Since your initial credential or last renewal, has a complaint of any kind been lodged against you regarding your mental health coaching, professional and/or ministerial practice, even though no formal legal, ethical, or organizational action resulted from such complaint?
 Yes No

5. Since your initial credential or last renewal, have you been charged with or convicted of any misdemeanor or felony other than minor moving violations in a vehicle?

Yes No

If you answered “Yes” to any of the above questions in this section (only 1-5), please attach an explanation (1-2 pages per incident) that describes in detail the case, its disposition and/or your position on the matter.

6. I attest and affirm that I have read the latest version of the *AACC Code of Ethics and Mental Health Coaching Code of Ethics* and that I will promise, to the best of my abilities, to fully adhere to and advance the tenets of this document.

Yes No

7. I understand and consent that should I violate nationally recognized ethical standards, including the *AACC Code of Ethics and Mental Health Coaching Code of Ethics*, I may be subject to disciplinary action, up to the loss of my status as an BCLC credential holder.

Yes No

VI. Renewal Agreement

Please ***check each box below*** indicating that you have read, understood, and consented to the statement.

CERTIFICATION. I hereby certify that all the information in this entire renewal application is true and complete. I understand that I have the burden of producing all the information necessary for the **BMHC** to fairly and fully evaluate my qualifications, background, ethics, and character in order to be considered for the renewal of my **BMHC** credential. I understand and agree to inform the **BMHC** as quickly as possible of any changes in this information. I agree that any misstatement or omission from this renewal application may be cause for denial of reappointment to the credential. I further agree that any subsequent adverse information about me or my practice and/or a violation of the *AACC Code of Ethics and Mental Health Coaching Code of Ethics* may be cause for disciplinary action – including the possibility of permanent expulsion from holding the credential – and that such action may be publically communicated in any form or forum the **BMHC** chooses to disclose such information.

AUTHORIZATION. I hereby authorize and give my consent to the **BMHC** to contact and, without restriction, discuss any issues pertaining to my character and qualifications with current and former supervisors, administrators, pastors, and/or other colleagues with whom I have worked. I authorize the **BMHC** to contact any professional and ministerial associations, to obtain whatever information it deems necessary to properly evaluate this renewal application. I hereby consent to the release of all information, records, and documents, by whatever means the **BMHC** chooses to collect this data, and to assist them in the good-faith evaluation of my renewal application. If a question arises in the future about my character and qualifications to the credential, I agree to assist the **BMHC** in its efforts to resolve any questions it may have about me. I further agree and consent to allow a copy of this agreement to be sent to anyone whom the **BMHC** deems necessary to assist them in resolving any and all questions about my worthiness to achieve and hold a **BMHC** credential.

INDEMNIFICATION. I release from any and all liability the **BMHC**, the AACC, the AACC Foundation, and any individual officers, directors, employees, or agents of these organizations for any and all acts done in good faith and without malice or intent to harm in connection with the evaluation of the renewal application for my **BMHC** credential. I further release from any and all liability, any persons or organizations that release

information regarding this renewal application to the **BMHC**, and agree to hold harmless anyone who may make a negative or adverse judgment about my character or qualifications during the evaluation process.

DISPUTE RESOLUTION. If a dispute arises between me and the **BMHC** regarding this renewal application or any future matter, I agree to engage in dispute resolution that (1) first attempts direct negotiation; (2) then attempts mediation with a mediator acceptable to both parties; (3) then uses arbitration and binding arbitration to resolve the matter. The parties agree to abide by the Christian mediation rules of the Christian Conciliation Service (at www.hispeace.org) and the administrative rules and procedures of the American Arbitration Association for binding arbitration. The chosen rule of law and forum state shall be the Commonwealth of Virginia.

CREDENTIAL RESOLUTION. I resolve to support the mission and goals of the **BMHC** and I further agree to abide by and fully adhere to the *AACC Doctrinal Statement*, the *AACC Code of Ethics and Mental Health Coaching Code of Ethics*. I have not hidden, nor have I omitted any necessary information to honestly qualify for this credential. If I am reappointed, I will hold my **BMHC** credential in the highest regard, honor the calling of God in Christian mental health coaching, and maintain both excellence and an ethical stance as a servant-leader in this field. Furthermore, I will strive to avoid all stain of bad reputation and ill-repute upon the name of Christ, the cause of Christian mental health coaching, and the good purposes of the **BMHC**.

I, the undersigned, have read, discussed as needed, and fully understand this *Renewal Application, Attestation, and Agreement*. I understand that by signing this document, I do hereby agree with all consent and authorization statements that are described herein.

Applicant Signature

Date