**Word of Life Ministry and Counseling Training Institute Certification Application**

(After completion Email to [submit@freechristiancounselingtraining.com](mailto:submit@freechristiancounselingtraining.com), fax to 316-866-2517 or mail to 3811 N Meridian Avenue, Wichita KS 67204)

Last Name \_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_ Middle Name \_\_\_\_\_\_\_\_ Age\_\_\_\_ Gender M F

Circle One Certification Type: (Support Group) (Pastoral Counseling)

(Lay Counseling) (Addictions Counseling) (Marriage and Family Counseling) (Life Coaching)

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_ Zip Code \_\_\_\_\_Country \_\_\_\_\_\_\_

Telephone ( ) \_\_\_ - \_\_\_\_\_\_\_ Cell phone ( ) \_\_\_ - \_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_ @ \_\_\_\_\_\_\_\_

Education: School Dates attended Major Degree \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Denomination \_\_\_\_\_\_\_\_\_\_\_\_

Are you a member? Yes no How many times do you attend weekly \_\_\_\_ Do you tithe? Yes no

If you died tonight would you go to heaven? Yes no maybe If yes, why would you go to heaven? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List ministry responsibilities if any (e.g. pastor, youth director, Sunday school teacher, elder) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To whom are you spiritually accountable? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we contact them as a reference? Yes no Have you ever left a church due to a conflict with the leaders? Yes no If so explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you abstain from alcohol, illegal drugs, and cigarettes? Yes no If no, why not? \_\_\_\_\_\_\_\_\_\_\_

Describe your own areas of personal struggle and level of recovery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been accused of child abuse? Yes no If so, explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been arrested or convicted of a felony? Yes no For what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you licensed, certified, or have prior ministry or counseling experience? Yes no What? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever had a counseling complaint or malpractice lawsuit filed against you? Yes no Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that my answers are completely true. Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_