

WHY YOU NEED TO BE IN CCN!

1. **National Counselor Referral Network Listing.** Be listed in a national referral network linking potential clients to CCN members in their area through the 866-611-HELP or at www.aacc.net under “find a counselor”.
2. **Networking.** Benefit from national partnerships with Christian organizations who utilize CCN's 1.866.611.HELP care line.
3. **Practice Points.** Stay aware of industry trends and standards while collecting ideas and information about promotional and management strategies through Practice Points, our quarterly CCN Newsletter.
4. **Quarterly CCN Practice Audiotape.** Receive full feature audio magazine interviews that are instructional, relevant, and timely, featuring leading industry professionals.
5. **Consultation.** Gain access to high caliber marketing and development consultants to assist you in strengthening your practice financially and clinically. Also receive consultation on licensure and ethical and legal issues.
6. **Targeted Training Presentations.** Find opportunities at AACC regional and national conferences to attend workshops that target cutting-edge clinical and practice management issues and are tailored specifically to CCN members.
7. **Promotion & Advocacy.** Benefit from the promotion and advocacy of CCN services through national radio, TV, print media, the Internet, and direct mail.
8. **Financial Savings.** Enjoy savings opportunities on Books, Professionally produced print ads & radio/TV spots, Liability & health insurance, Tools & resources to build your effectiveness in clinical practice,
9. **Credibility.** Receive a certificate for display, identifying you as a member of CCN and your affiliation with a network of the high quality, Christ-centered counseling professionals!

Christian Care Network

Application checklist

Before completing this application, please be aware that in order to be considered for CCN, you must:

_____ Have a master's degree or higher in a mental health professional

_____ Be licensed by the state in which you practice

_____ Have Professional Liability Insurance with limits of at least 1million/1million

_____ Submit the non-refundable \$35 application fee with completed application to:

Christian Care Network
P.O. Box 267
Forest, VA 24551
ATT: Jennifer Cisney

****If you do not have these qualifications, you will not be accepted as a CCN member at this time**

Applicant name: _____

Christian Care Network

Dear Applicant:

Thank you for your interest in becoming a member of the Christian Care Network. As a member, you will become part of our national referral directory. In order to insure the highest quality standards for the CCN referral network, each member must complete and submit the enclosed application with required documentation along with a \$35 non-refundable application fee. During the initial phase of the CCN, the network will be limited to state licensed professional providers only. The exceptions to this requirement are individuals who are practicing in a state with no current licensing for their discipline. **Please feel free to make copies of the application** should other members of your practice or group wish to apply.

Copies of the following documents need to accompany your application:

- _____ Graduate degree **or official** school transcript
- _____ License/certification
- _____ Proof of current professional liability insurance

These documents must be mailed with the application. Please do not send the application until all necessary documents are attached.


Your application will be carefully reviewed by CCN staff and by members of the National Advisory Board. Applicants are evaluated on the basis of their professional credentials, experience, orientation and areas of specialty, as well as their philosophy and Christian distinctiveness.

Following the review of your application, you will be notified as to your acceptance as a CCN member. If accepted, your annual membership fee of \$99 for AACC members and \$199 for non-members will be due at that time. Upon receipt of your dues, you will be officially added to the CCN National Referral Directory and begin receiving all the other benefits of CCN membership.

Please send the application, required documents, and non-refundable application fee to:

Christian Care Network
P.O. Box 267
Forest, VA 24551
ATT: Jennifer Cisney

Should you have questions, please contact **CCN member services at 800-520-2268 or MemberServices@AACC.net**. Thank you for your time and attention to this application. We believe you will find membership in CCN to be of tremendous benefit.



Jennifer Cisney
Director, Coalition for Christians in Private Practice

We are delighted to hear of your interest. CCN is dedicated to being the premiere network of Christian care providers in the nation. We're confident you'll find membership a blessing. We look forward to hearing from you.

David Stoop, Ph.D. & Tom Whiteman, Ph.D. – Co-Chairmen, CCN National Advisory Board

A Counselor Service Ministry of the American Association of Christian Counselors
PO Box 267 • Forest, VA 24551 • Phone 800.520.2268
Christian Care Network

Applicant name: _____

Membership Application

This completed application, accompanied with attached required documents and application fee will formulate the basis for your request to join the Christian Care Network. This membership organization has been created to facilitate networking, increase visibility and collegiality amongst Christians providing mental health and counseling related services. Please complete all information requested in a legible manner or mark NA if not applicable. Additional attached information must correspond to the questions.

I. Member Demographic Information

Last Name: _____ First Name: _____ MI: _____

Practice/Organization: _____

Office Address: _____

City: _____ State or Province: _____

Zip: _____ Country: _____

Office Phone: _____ Contact Person: _____

Fax Phone: _____ Private _____ Public Access _____

Pager: _____ Voice Mail: _____

Email Address: _____ Answering Service: _____

Emergency Contact: _____ Home (optional) _____

Please describe the nature of your practice setting: (Sole Proprietor, group practice, agency, church setting, hospital...)

Applicant name: _____

II. Professional Education and Training

(List most recent programs first, attach additional pages as necessary, and copies of diplomas or certifications etc.)

<u>Academic Institution</u>	<u>Address</u>	<u>Degree & Area of Study</u>	<u>Years Studied</u>

III. Continuing Education

List and describe your continuing educational experiences over the past two years. Attach additional pages if necessary

IV. Professional License/Certification

Please list your professional license/certification status. Identify the Board that issues the license/certification (i.e. LCSW, NBCC certificate, School Psychology certificate etc.) List the address and phone number of the state, local or national Board. Please attach a copy of all certifications, and licenses.

<u>License Type</u>	<u>State of Issue</u>	<u>Date Issued</u>	<u>Exp. Date</u>

<u>Board</u>	<u>Address</u>	<u>Phone</u>	<u>Current Standing</u>

VII. Professional Liability

Provide information regarding your liability/malpractice insurance. Attach a copy of your current policy.

Carrier: _____ Policy # _____

Address: _____ Phone # _____

Effective Date _____ Exp. Date _____

Coverage Per Incident: _____ Per Aggregate: _____

Name of Policy Holder: _____

Have you ever had a malpractice claim filed against you? Yes No

Has your liability insurance ever been revoked? Yes No

Have you ever been denied professional liability coverage? Yes No

Have you or any carrier settled a malpractice allegations, involving your work, prior to the filing of a claim or lawsuit? Yes No

If yes to any of the above please provide the following:

- Date and description of incident
- Professional liability carrier involved
- Pending status of legal action (if any)
- Resultant events

VIII. Employment History

Please list current position and previous work experience. Please do not simply attach a copy of your vita! Please identify work context (Outpatient (OP), Inpatient (IP), Intensive Outpatient (IOP), Residential Setting (RS), Church (C) etc)

Dates	Employer/Practice	Title/Role	Type (OP, IP, IOP, RS, C)
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Address	City/State/Zip	Phone	Supervisor
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Address	City/State/Zip	Phone	Supervisor
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IX. Practice Questions

Please take the time to answer each question to the best of your ability. This will help clarify the nature of your therapeutic services and assist in our referral process.

Describe your theoretical orientation to counseling? (i.e.: cognitive-behavioral, systems, insight-oriented, Biblical, Object-relations, etc.)

How do you integrate spiritual content into your counseling process? Be thorough.

What modalities do you offer in your practice?

Individual Group Family Psychological Assessment

Other (please list) _____

Do you accept third party reimbursement? (Insurance, Managed Care, EAP)

Yes No

Do you offer a sliding fee scale? If so, what is this scale?

Yes No

Do you provide any pro-bono counseling services? If so what?

Do you offer after hours or weekend appointments?

Yes No

Do you provide community workshops?

Yes No

Would you desire to be placed on our speaker's bureau in the future?

Yes No (If yes, please provide a list of potential topics)

Do you provide supervision?

Yes No

Would you like to list this service with CCN?

Yes No

Are you a certified supervisor? If so, please list and attach credentials

Yes No

Would you be interested in submitting articles to CCN publications?

Yes No

Please list other areas of expertise or interest that you might like to have offered through CCN to other therapists or ministries. (Please attach additional pages if necessary)

Populations Served

Do you provide therapy in languages other than English? If so, please list

Please check the following types of clients you counsel:

Children College Adults Married Geriatric Families

Please identify your areas of expertise

- | | |
|--|---|
| <input type="checkbox"/> Adult Children of Alcoholics | <input type="checkbox"/> Learning Disabilities |
| <input type="checkbox"/> Attention Deficit Disorder/ADHD | <input type="checkbox"/> Missionary Re-Entry |
| <input type="checkbox"/> Addictions | <input type="checkbox"/> Multiple Personality |
| <input type="checkbox"/> Adolescents | <input type="checkbox"/> Obsessive/Compulsive |
| <input type="checkbox"/> Adoption | <input type="checkbox"/> Personality disorders |
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Parenting |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Pastors/Families |
| <input type="checkbox"/> Anger Management | <input type="checkbox"/> Phobias |
| <input type="checkbox"/> Career | <input type="checkbox"/> Physical Abuse |
| <input type="checkbox"/> Children | <input type="checkbox"/> Post- Abortion |
| <input type="checkbox"/> Child Abuse | <input type="checkbox"/> Post-Traumatic Stress |
| <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> Pregnancy issues |
| <input type="checkbox"/> Co-dependency | <input type="checkbox"/> Pre-Marital |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Psychological assessment |
| <input type="checkbox"/> Conflict Resolution | <input type="checkbox"/> Rape Recovery |
| <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Ritual Abuse |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Sexual Abuse |
| <input type="checkbox"/> Disabilities | <input type="checkbox"/> Sexual Addiction |
| <input type="checkbox"/> Divorce Recovery | <input type="checkbox"/> Sexual dysfunction |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Singles |
| <input type="checkbox"/> Drug Abuse | <input type="checkbox"/> Spiritual Problems |
| <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Family | <input type="checkbox"/> Women's Issues |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Men's Issues |
| <input type="checkbox"/> Gender Identity Issues | |
| <input type="checkbox"/> Grief | Other _____ |
| <input type="checkbox"/> HIV/AIDS | _____ |
| <input type="checkbox"/> Homosexual issues | _____ |
| <input type="checkbox"/> Hyperactivity | _____ |
| <input type="checkbox"/> Infidelity | _____ |
| <input type="checkbox"/> Infertility | _____ |

Please identify issues you prefer not to treat

IX. Spiritual Orientation

Please define you beliefs and feelings on the following questions. Attach more pages if necessary

Do you consider yourself a Christian? _____

Who is Jesus Christ? _____

How does a person become a Christian? _____

Describe your belief about the Bible. _____

Describe your belief about the Holy Spirit. _____

Church membership or place of regular attendance: _____

Denominational Affiliations: _____

How do you use the spiritual disciplines in counseling? (prayer, scripture reading, fasting, meditation, etc.)

What role do you believe the local church has in the counseling process?

Do you practice any of the following? If so, please explain how.

Hypnosis: _____

Bio-feedback: _____

“Healing of Memories”: _____

Visualization: _____

Personal Convictions

Please describe your biblical convictions and how you would counsel individuals who may be dealing with issues related to the following: (attach additional pages as necessary).

Divorce:

Remarriage:

Abortion:

Pre-marital & extra-marital sexual activities:

Homosexuality:

Applicant name: _____

Marriage:

Euthanasia:

Child discipline:

Substance Abuse:

Please review the following statement of faith and enclosed Code of Ethics Manual. If you are in agreement with these documents and attest to the validity of the information above, please document by signing the applicant’s statement and submit this application in accordance with the cover letter instructions.

The AACC Doctrinal Statement

As an organization of dedicated counseling professionals the AACC believes:

- In one God, creator, and sustainer of things, infinitely perfect and eternally co-existing in three persons – Father, Son and Holy Spirit.
- The Scriptures, both Old and New Testaments, are the inspired and trustworthy Word of God, the complete revelation of His will for the salvation of human beings, and the final authority for all matters about which it speaks.

- That the human nature derives from two historical persons, male and female, created in God's image. They were created perfect, but they sinned, plunging themselves and all human beings into sin, guilt, suffering and death.
- That the substitutionary death of Jesus Christ and his bodily resurrection provide the only ground for justification, forgiveness, and salvation for all who believe and only those who trust in Him alone are born of the Holy Spirit, true members of the church, and will spend eternity with Christ.
- That the Holy Spirit is the agent of regeneration and renewal for believers in Christ, that He makes the presence of Jesus Christ real in believers, and that He comforts, guides, convicts and enables believers to live in ways that honor Him.
- That ministry to persons acknowledges the complexity of humans as physical, psychological, social and spiritual beings. The ultimate goal of Christian counseling is to help others move to personal wholeness, interpersonal competence, mental stability and spiritual maturity.

Applicant's Statement and Agreement

A. CERTIFICATION I. I _____ certify that I am a member in good standing of the AACC or other reputable national organization accepted by the AACC. I have read, I understand, and I agree to fully adhere to and uphold, in all my practice-ministry work, the *AACC Doctrinal Statement* and the *AACC Christian Counseling Code of Ethics*, as it is presently constituted. I understand and agree that the CCN will use these documents as the primary foundations to evaluate my fitness to enter and to maintain good standing with this ministry.

B. CERTIFICATION II. I further certify that all the information in this application is, to the best of my knowledge, complete and correct. I understand and accept that I have the burden of producing all information requested in order for CCN to fully evaluate my background, character, ethics, and qualifications to become a member in good standing of CCN. I understand and agree that any misstatement or omission from this application is cause for denial of appointment, re-appointment, or disciplinary action if adverse information comes to light later and I am already a member of CCN. I agree to notify CCN as quickly as possible to inform them of any changes in this information.

C. AUTHORIZATION. I hereby authorize CCN and its representatives to contact and

honestly discuss any issues pertaining to my character and qualifications with current and former pastors, supervisors, administrators, and other staff with whom I have worked. I authorize CCN to contact my state licensure board and my malpractice insurance carrier to obtain any information it deems necessary to assist the evaluation of my application. I then hereby consent to the release of all records, documents, and information, by whatever means CCN chooses to collect this data, that will assist them in the evaluation of my application. If a question arises in the future about my competence, ethics, character, or qualifications, I agree to give good-faith assistance to CCN by disclosing any and all information they would request to make a fair and informed judgment about any matter connected to my practice-ministry work. I agree to allow CCN to pursue and collect information about my work history and relationships without restriction, and I understand and agree that a copy of this consent may be sent to anyone from whom the CCN collects information about my application.

D. INDEMNIFICATION. I release from any and all liability CCN and the AACC, and the directors, officers, agents, employees, and representatives of CCN and the AACC for all acts done in good faith and without malice or intent to harm in connection with the evaluation of my application. I further release from any and all liability any persons or organizations that release information to CCN, and I agree to hold harmless anyone who might render a negative judgment about my qualifications, if that judgment is done in good-faith without malice or intent to harm

E. RESOLUTION. I resolve to support the highest goals of Christian service and ethical integrity in all my counseling and related ministry work, striving to avoid ill-repute that would reflect poorly upon Christ and the CCN. I agree to abide by and, if necessary, defend the CCN doctrinal statement and code of ethics. I certify that I have not applied for anything that I am not qualified to attain. Finally, if a dispute arises between me and the CCN, I agree to use a dispute resolution process that first attempts (1) direct negotiation, then (2) mediation with someone acceptable to both parties, then (3) arbitration and (4) binding arbitration with someone acceptable to both. Litigation, if even justified for any reason (1Cor.6:1-8) will only be used as a last resort, only after a good faith effort at each of the four steps previously noted has failed.

Applicant Signature

Date