



**Board of Regents
Georgia Certified Life Coaches**

For Official Use Only

Date Received: _____

Expiration Date: _____

Certification No: _____

APPLICATION FOR BOARD CERTIFICATION AND MEMBERSHIP FOR PROFESSIONAL DEGREE AND NON-DEGREE LIFE COACH.

Please type or print clearly.

All information must be filled out in full. A resume is unacceptable for the completion of any question on this application. Complete and mail to:

The Board of Regents for Georgia Certified Life Coaches

Please send money order or bank certified funds only made payable to: Chastity House

50 Lincoln Rd., Suite A, McDonough, GA 30253. For more information call (770) 898-7000.

Where the space provided is insufficient, attach additional sheets, but please do not write on the backside of pages. Submit a separate application and fee as follows:

- \$125.00 application/membership fee for Non-Degree Life Coach (see page 9)
- \$100.00 application/membership fee for Accredited-Degree Life Coach (see page 9)

Illegible, incorrectly or partially completed applications will be delayed until the problems are corrected.

Board Certification Membership Type: Non-Degree Life Coach / Accredited-Degree Life Coach

I. PERSONAL INFORMATION

1. FULL NAME: _____

First

Middle

Last

Maiden

2. ADDRESS: _____

3. EMAIL ADDRESS: _____

4. TELEPHONE NUMBER: _____(Cell) _____(Work)

5. DATE OF BIRTH: _____

6. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: _____

7. Have you ever served active duty in the Armed Forces, the Reserves or the National Guard during wartime or during any conflict when military personnel were commissioned by the President?

YES / NO

II. BOARD CERTIFICATION APPLICATION TYPE

1. Manner of Certification: (Check one) By Application/Examination or By Reciprocity

2. Are you a: Licensed Clinical Counselor _____ Licensed Therapist _____ PhD _____
Pastor _____ Minister _____ Pastoral Counselor _____

3. Are you: Ordained _____ Licensed _____

4. Church Affiliation: _____
Denomination: _____

5. Are you currently employed by a church or ecclesiastical body? Yes / No
If your answer is "Yes," give the following information:

Name of Church: _____
Address: _____

6. Have you held a license/certification in any jurisdiction, at any time, as a Licensed Professional Counselor, Licensed Marriage and Family Therapist, Social Worker, Christian Counselor and/or Therapist? Yes / No
If your answer is "No," go to question #8.

License/Certification Title: _____
Jurisdiction: _____ License/Certification Number: _____
Date Issued: _____ Expiration Date: _____

License/Certification Title: _____
Jurisdiction: _____ License/Certification Number: _____
Date Issued: _____ Expiration Date: _____

7. If you have ever held a License/Certification per above, complete the following items:

- (a) Have you had a License/Certification revoked, suspended or annulled? Yes / No
- (b) Have you ever had a disciplinary action taken against you by the authority issuing the License/Certification? Yes / No
- (c) Have you been refused renewal of the license pursuant to disciplinary proceedings? Yes / No

If you checked "Yes" for either question "a," "b," or "c," please enclose an explanation and a copy of the order, decree and other relevant documents.

8. Have you been the subject of disciplinary proceedings? Yes / No
If your answer is "Yes," explain and attach final disposition: _____

9. Have you ever been the subject of disciplinary action or had your membership revoked by a professional organization governing the practice of counseling, either secular or religious? Yes / No
If your answer is "Yes," please explain: _____

10. Have you been a defendant in a malpractice suit and either entered into a settlement agreement or paid court awarded damages? Yes / No
If your answer is "Yes," please explain: _____

11. Have you been arrested or charged for the commission of any felony or any crime involving moral turpitude? Yes / No
If you answer "Yes," please explain and attach final decree: _____

12. Have you been convicted of any felony or of a crime involving moral turpitude? Yes / No
If your answer is "Yes," please explain and attach final decree: _____

III. BOARD CERTIFICATION BY RECIPROCITY

1. If you are applying for Board Certification by reciprocity, complete the following questions:
- A. Direct the Board of those jurisdictions in which license/certification is held to complete a Reciprocity Information/Verification letter, with a current copy of your license/certification and return it directly to our Board of Regents' office; and,
 - B. Enclose with the application, a copy of those jurisdiction's relevant licensing/certification laws, code of ethics or Board rules.
2. List all professional LPC, LMFT, LMSW, PhD, Christian Counselor and/or Therapist licenses/certifications that you currently hold.

License/Certification Title: _____
Jurisdiction: _____ License/Certification Number: _____
Date Issued: _____ Expiration Date: _____

License/Certification Title: _____
Jurisdiction: _____ License/Certification Number: _____
Date Issued: _____ Expiration Date: _____

IV. POST GRADUATE, GRADUATE, AND UNDER-GRADUATE DEGREE EDUCATION

1. Complete the following for each college level degree that you want taken into consideration as part of this application. Submit an official copy of each transcript to the Board of Regents or direct the college registrar to send an official copy.

Degree _____ Date Awarded _____
Program _____
Name of Institution _____
Address _____
City _____ State _____ Zip _____

Degree _____ Date Awarded _____
Program _____
Name of Institution _____
Address _____
City _____ State _____ Zip _____

Degree _____ Date Awarded _____
Program _____
Name of Institution _____
Address _____
City _____ State _____ Zip _____

List any additional graduate level courses that you want taken into consideration as part of this application.

- A. For courses taken at an accredited college or university, direct the registrar to send an official transcript to the Board of Regents.
- B. For Board approved courses taken at a training institute or other approved school, direct that school to send a transcript or other means of verification to the Board.
- C. For any seminars or courses taken, send copy of appropriate certificate.

Course Title/Description: _____
Institution: _____ Date Taken: _____

Course Title/Description: _____
Institution: _____ Date Taken: _____

Course Title/Description: _____
Institution: _____ Date Taken: _____

Course Title/Description: _____
Institution: _____ Date Taken: _____

Course Title/Description: _____
Institution: _____ Date Taken: _____

Course Title/Description: _____
Institution: _____ Date Taken: _____

- D. If you are applying for Board Certification and your degree is in counseling, theology, Biblical studies, marriage and family studies, complete the items below. Indicate the titles and courses from your transcripts that satisfy the content area listed. List one course per area as applicable.

Content Area Course Title

Temperament Theory and Therapy _____
Theological or Biblical Studies _____
Christian Counseling Theory and/or Therapy _____
Human Growth and Development _____
Social Cultural Foundations _____
The Helping Relationship _____
Group Dynamics, Processing and Counseling _____
Lifestyle and Career Development _____
Research & Evaluation Professional Orientation _____

2. The applicants for Board Certification as a Life Coach must have completed a minimum of two continuing education courses in the principles and practice of a Life Coaching discipline. List these courses below and document the program in which they were completed.

Course Title/Description: _____
Institution: _____ Date Taken: _____

Course Title/Description: _____
Institution: _____ Date Taken: _____

Course Title/Description: _____
Institution: _____ Date Taken: _____

Course Title/Description: _____
Institution: _____ Date Taken: _____

Course Title/Description: _____
Institution: _____ Date Taken: _____

Course Title/Description: _____
Institution: _____ Date Taken: _____

V. PRACTICUM AND INTERNSHIP EXPERIENCE

Applicants for Board Certification must have completed a practicum/internship of twenty (20) hours.

1. Complete (a) and (b) below. Check each practicum or internship which you intend to apply toward the professional experience requirement and submit a separate Practicum/Internship Verification form for each item checked.

- (a) Have you completed a practicum or internship as part of a degree program?
 Yes / No

If your answer is "Yes," complete the following:

Degree: _____ Program: _____

Date: From ____/____/____ To ____/____/____

Site: _____ Total Hours on Site Experience: _____

- (b) Have you ever completed a practicum or internship other than as part of a degree Program? Yes / No

If your answer is "Yes," complete the following:

Program: _____

Date: From ____/____/____ To ____/____/____

Site: _____ Total Hours on Site Experience: _____

VI. PROFESSIONAL EXPERIENCE

The number of years of professional experience, college degrees, applicable practicum and internship may be submitted for consideration with your application.

List in chronological order all your professional experience. Check those items which you are using to fulfill the experience requirement for Board Certification.

Use This Item

Date: From ____/____/____ To ____/____/____ Duration: ____ Years ____ Months

Agency, Employer or Ministry: _____

Address: _____

Position: _____

[] Use This Item

Date: From ___/___/___ To ___/___/___ Duration: ___ Years ___ Months

Agency, Employer or Ministry: _____

Address: _____

Position: _____

[] Use This Item

Date: From ___/___/___ To ___/___/___ Duration: ___ Years ___ Months

Agency, Employer or Ministry: _____

Address: _____

Position: _____

[] Use This Item

Date: From ___/___/___ To ___/___/___ Duration: ___ Years ___ Months

Agency, Employer or Ministry: _____

Address: _____

Position: _____

VII. SUPERVISION

The number of hours and type of supervision required for Board Certification depend upon the graduate degree you hold. Supervision may have been obtained before, during or after your degree program, or during a practicum or internship.

Complete the following for each supervisor whose supervision you are using to fulfill this requirement.

Supervisor Name: _____

Agency/Ministry Name: _____

Address: _____

Total hours of supervision in the practice of Counseling or Therapy: _____

Total hours of supervision in the practice of Life Coaching: _____

Supervisor Name: _____

Agency/Ministry Name: _____

Address: _____

Total hours of supervision in the practice of Counseling or Therapy: _____

Total hours of supervision in the practice of Life Coaching: _____

Supervisor Name: _____

Agency/Ministry Name: _____

Address: _____

Total hours of supervision in the practice of Counseling or Therapy: _____

Total hours of supervision in the practice of Life Coaching: _____

VIII. PERSONAL REFERENCES

List below the names of three (3) persons who have been either your personal or professional advisor in the area in which you are seeking Board Certification, and who will support your application for Board Certification. Provide each with a letter of reference and ask each to return it promptly and directly to the Board of Regent’s office 50 Lincoln Rd., Suite A, McDonough, GA 30253), or email to: reference@georgiacertifiedlifecoaches.org

Name: _____
[] Personal [] Professional [] Teacher [] Supervisor

Name: _____
[] Personal [] Professional [] Teacher [] Supervisor

Name: _____
[] Personal [] Professional [] Teacher [] Supervisor

IX. OATH

I acknowledge that I may be required to furnish additional information promptly in order for this application to be processed. I attest that the information provided is true and accurate to the best of my knowledge. I attest that I am a resident of the State of Georgia or that I intend to be within one year of the date of this application. [] Check for yes.

I attest that I am a resident of the State of _____.

I release from all harm, the Board of Regents for Georgia Certified Life Coaches, Georgia Certified Life Coaching Academy, its employees, affiliates, officers, and directors from any and all manner of action or causes of action, losses or damages, whether known or unknown, direct or indirect and authorize them to investigate and gather all information relevant to my application for Board Certification. I have read, understand and agree to abide by the Code of Ethics as set forth in the curriculum of the Center for the Healing Arts Life Coaching Training and Certification.

Applicant’s Signature: _____

Date of Application: _____

X. NOTARY

Applicant must have the application notarized.

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, _____

Notary Public, State of Georgia

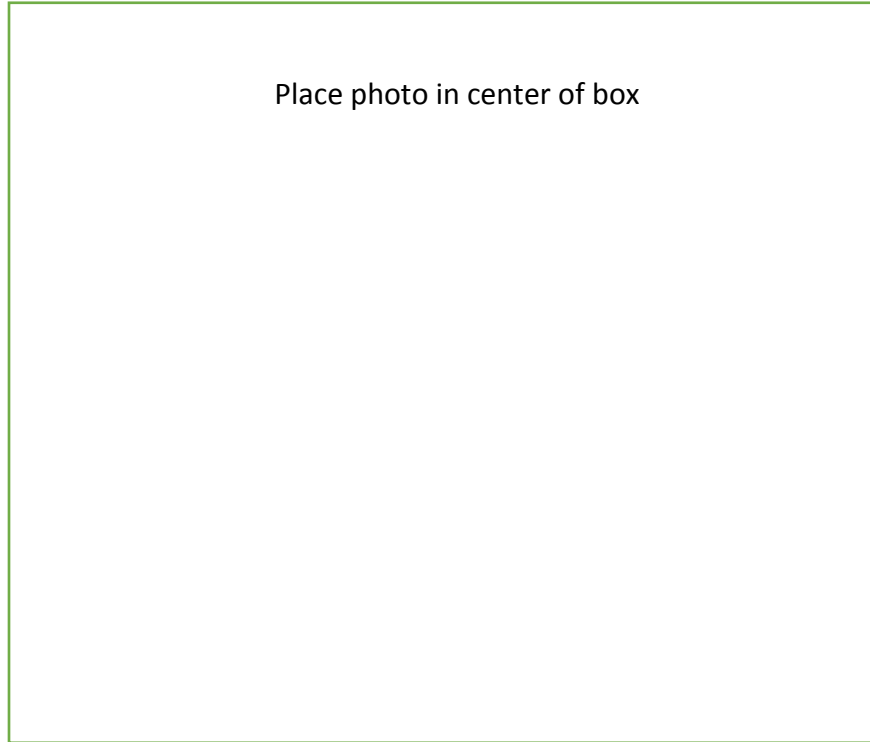
Notary Public, State of _____

My Commission Expires

My Commission Expires

XI. PERSONAL PHOTO

The Board of Regents requires a personal photo, a colorized passport photo, approximately 2" x 2" to be attached to your application. Please DO NOT staple. Please place a piece of tape inside the box below and attach photo on top of tape.



Please send money order or bank certified funds only made payable to: CHASTITY HOUSE

Mail to: 50 Lincoln Rd., Suite A, McDonough, GA 30253

- \$125.00 application/membership fee (non-refundable) for Non-Degree Life Coach
- \$100.00 application/membership fee (non-refundable) for Accredited-Degree (Community/State College or University)

XII. RENEWAL: CONTINUING EDUCATION, CERTIFICATION APPLICATION, BI-ANNUAL CERTIFICATION FEE PAYMENT

Professionals must complete ongoing certification requirements in order to maintain certification. All requirements must be completed by the expiration date in order to avoid certification expiration and a late fee of \$75. All fees are non-refundable.

Georgia Certified Life Coaches aka GCLC® certification expires on the last day of the month indicated by the certification period. The expiration date is located on the GCLC Board ID card and can also be accessed on GCLC Board's website.

Approximately 6 weeks prior to the deadline for the annual certification fee payment, GCLC® professionals will begin receiving notices and reminders alerting them to the requirement and providing instructions for submitting renewal application and payment.

Every two years, the annual certification fee, GCLC® professionals must also complete the continuing education (CE) requirement and submit a Certification Application, which includes an Ethics Declaration.

These three renewal requirements are completed in the following order:

1. Continuing Education (CE)

The CE requirement is effective immediately upon certification and involves completing 60 hours of continuing education (CE) accepted by GCLC Board. CE hours for new GCLC® certificants are prorated into the two-year cycle based on their renewal month.

2. All reported CE hours must be processed by GCLC Board on or before the expiration date of the two-year period in order to avoid certification expiration.

3. Certification Application

GCLC® professionals must properly complete a Certification Application every two years in order to renew GCLC® certification. After the CE requirement has been satisfied, the Certification Application may be completed by logging in to GCLC Board's website for downloading proper forms.

If it appears that a GCLC® professional may have violated GCLC Board's *Code of Ethics and Professional Responsibility*, GCLC Board has the right to investigate the individual's alleged behavior. If it is found that the individual is in violation of the *Code of Ethics*, GCLC Board may impose discipline ranging from a private letter of censure or public admonition to suspension or revocation. GCLC Board reserves the right to verify the accuracy of the completed.

NAME (Please write your name here)

NAME (Your Official Signature)
Certified Life Coach
GCLC® Professional

Date