

# Maintenance of Certification Peer Review Report Form



Neshama: Association  
of Jewish Chaplains  
The Professional Organization of Jewish  
Spiritual Health Specialists

Please complete this form immediately after the peer review and return within 10 days or by December 31, whichever comes first. E-mail to [info@najc.org](mailto:info@najc.org) or mail to NAJC, 4200 Biscayne Blvd., Miami, FL 33137. Keep a copy for your records.

Chaplain: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Review Date/Place: \_\_\_\_\_

## Peer Review Guidelines Fulfilled:

Review and check that all have been fulfilled:

- Minimum of three committee members present, two of whom are NAJC board certified.
- Peer review was a minimum of 90 minutes.
- Committee received written materials.
- Chaplain received written summary report with recommendations following the meeting.

## Jewish Community Connection:

I attest that I have an ongoing relationship with my Jewish community for nurture of my person and my practice as a professional chaplain.

I have discussed my Jewish community connection with my Peer Review Committee.

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Chaplain's Signature

Date

## Peer Review Committee Members (please list names)

1. \_\_\_\_\_  NAJC Board Certified Chaplain
2. \_\_\_\_\_  NAJC Board Certified Chaplain
3. \_\_\_\_\_  NAJC or Partner Board Certified Chaplain  
 Ecclesiastical Colleague
4. \_\_\_\_\_  NAJC or Partner Board Certified Chaplain  
 Ecclesiastical Colleague