Application for Certification

Neshama
ASSOCIATION of JEWISH CHAPLAINS

Section 1. Demographics

Last Name

First Name | Middle Initial

Home Address

City

State | Zip

Mobile Phone Number

Email Address (work)

Email Address (home)

Date of Birth

Gender

Are you currently a member of NAJC? Yes ☐ No ☐

Salutation

Section 2. Education and Clinical Training

Number of completed CPE units

Are you requesting equivalency for graduate theological education? Yes ☐ No ☐

If yes, document in detail on the Education Equivalency Worksheet how the equivalent theological education meets the criteria.

Section 3. Educational Background Details

Institution(s)

Date(s)

Degree(s)

Major(s)

Section 4. Experience Equivalency

Are you requesting an equivalency for the one-year full-time chaplaincy experience? Yes ☐ No ☐

Section 5. CPE Equivalency

Are you requesting an equivalency for CPE? Yes ☐ No ☐

Section 6. Attestation and Signature

Typed Name as Signature

Date Signed