



Association of Certified Biblical Counselors

Fellow Application

Please complete the following information and return it, along with all of the Fellow Checklist documents, to the ACBC office at: Certification@biblicalcounseling.com

Applicant Information

Date:	Name:	Date of Birth:
Address:		
Daytime Phone:	Email:	
Marital Status:	Spouse's Name:	
Church you are member of:		Since:
Certification Date:	Level 2 Member Date:	Date Ordained:
By whom were you ordained?		
Have you completed 500 hours of counseling as an ACBC member? Yes ____ No ____		
Has the Membership Director cleared you to apply? Yes ____ No ____		

Education

College:	Years:
Address:	
Major:	
Seminary:	Years:
Address:	
Degree:	
Other:	Years:
Address:	
Degree:	

Other:	Years:
Address:	
Degree:	

Please Answer the Follow Questions

1. In what ways, and where, are you currently providing biblical counseling training?
2. If different from above, in what ways do you plan to provide biblical counseling training in the future?
3. List your ministry experience (positions, organizations, locations, and dates).
4. Explain your association and involvement with any ACBC Fellows or Academy Members.