* Candidate meets the regular clinical or equivalency requirements and has all the formal documentation ready for both steps one and two.
* There is a 6-month validity period for documentation beginning on the date of the Pre-Certification Mentor’s report. (Form 4.1.4, formerly 2.15)
* If you cannot provide any of the required documentation contact the Chair of Certification prior to applying.
* Send your completed application (Form 4.1) and your application fee receipt to the Chair of Certification.
* Please note that January 31st is the deadline for receiving applications, in order to receive a certificate at the Annual CASC/ACSS AGM or Conference.

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| Personal Information |
| Candidate’s Legal Name: | Click here to enter text. |
| Address (Work or Home): | Click here to enter text. |
| Telephone: |  Click here to enter text. | Click here to enter text. |
| Email Address: | Click here to enter text. |
| CASC Region:  | Click here to enter text. |
| CASC/ACSS Stream: | **[ ]**  | SCP (Spiritual Care Practitioner)  |
| **[ ]**  | PST (Psycho-Spiritual Therapist)  |
| Required Documentation (for all applicants) |
| [ ]  | A copy of the current year’s CASC/ACSS membership receipt.  |
| [ ]  | A copy of receipt of Certification Application fees paid to CASC/ACSS National Office. |
| [ ]  | Official transcript (copies) of 2-year graduate/master’s degree in theology/spirituality/religion (including a graduate 3 credit course in Professional Ethics) accredited by Association of Theological Schools (ATS) or Council of Higher Education Accreditation (CHEA).  |
| [ ]  | Letter from Academic Assessment Committee if candidate is lacking any of the above [ ]  (Not applicable) |
| [ ]  | A graduate 3 credit course in Professional Ethics. |
| [ ]  | A letter (within the last 5 years) from the candidate’s faith endorser.  |
| [ ]  | A letter (within the last 5 years) of current good standing from their faith community.  |
| [ ]  | A resume of professional and spiritual care experience.  |
| [ ]  | Three letters of reference on the candidate’s professional spiritual care practice. [ ]  Professional Colleague in a different discipline Click here to enter text.[ ]  Certified CASC/ACSS member Click here to enter text.[ ]  Other Click here to enter text. |
| [ ]  | A completed copy of the Pre-Certification Mentor’s Checklist & separate Report (Form 4.1.4). **Name of Mentor:** Click here to enter text.As part of the preparation to meet the Certification Review Team, the candidate must be in a consultative relationship a Pre-Certification Mentor (a Certified Supervisor Educator and/or a Certified Spiritual Care Practitioner/Psycho-Spiritual Therapist). |
| [ ]  | Evidence of candidate’s participation in the organizational life of CASC/ACSS.  |
| Regular Clinical Requirement  |
| [ ]  | Evidence of successful completion of two Advanced SPE units (CASC/ACSS Certificates)  |
| [ ]  1st Advanced When: Click here to enter text.Where: Click here to enter text.Name of Certified Supervisor Educator: Click here to enter text. |
| [ ]  2nd Advanced When: Click here to enter text.Where: Click here to enter text.Name of Certified Supervisor Educator: Click here to enter text. |
| [ ]  | SPE Competency Assessment Process Step 3 Report (Form 2.10).[ ]  Assessed as completed a 2nd Advanced. [ ]  Not applicable  |
| [ ]  | Documentation of required work experience hours: [ ]  SCP: Documentation of 1000 hours of spiritual care work experience in addition to your SPE hours. (i.e. parish, hospital, corrections or other institution).[ ]  PST: Documentation of 500 direct client contact hours |
| [ ]  | A copy of all previous Competency Assessments (Form 2.10) and/or Certification Step Three Reports (Form 4.1.3)  |
| Pilot Equivalency Certification (Ending June 30, 2023)  |
| [ ]  | 2 Basic CASC/ACSS SPE Units and 8000 hours of documented spiritual care hours (SCP) or 4000 direct client contact hours (PST) |
| [ ]  Basic One: When: Click here to enter text. Where: Click here to enter text. Certified Supervisor Educator: Click here to enter text. |
| [ ]  Basic Two: When: Click here to enter text. Where: Click here to enter text. Certified Supervisor Educator: Click here to enter text. |
| [ ]  8000 hours of documented spiritual care experience (SCP)[ ]  4000 hours of documented direct client contact hours (PST) |
| [ ]  | 1 Advanced CASC/ACSS SPE Units and 4000 hours of documented spiritual care experience (SCP) or 2000 hours of documented direct client contact hours (PST) |
| [ ]  Advanced Unit:When: Click here to enter text. Where: Click here to enter text. Certified Supervisor Educator: Click here to enter text. |
| [ ]  4000 hours of documented spiritual care experience (SCP)[ ]  2000 hours of documented direct client contact hours (PST) |
| Additional Required Documentation |
| [ ]  | Conflict of Interest: Provide names of persons who may be in a conflict of interest with you. (i.e. Supervisor-Educator A, Supervisor-Educator B, Peer A, Peer B, etc.)  |
| [ ]  Supervisor-Educators: Click here to enter text. |
| [ ]  Peers: Click here to enter text. |
| [ ]  Others: Click here to enter text. |
| [ ]  | I certify that I am not currently the subject of an ethics investigation or in an appeals process for any alleged violation of CASC/ACSS Code of Ethics and Professional Conduct and I do not anticipate such an investigation to be initiated during the process of my application.  |
| [ ]  | I understand that the National Office does not store any documents, but I may upload any of my official documents (such as: SPE Summary and Assessments, regional or certification reports, etc.) onto my CASC/ACSS profile on the national website for my future reference.  |
| Confirmation  |
| [ ]  | I have access to a current copy of the CASC/ACSS Policy and Procedure Manual and I reviewed the process for Certification.  |
| [ ]  | I have reviewed the Competencies of CASC/ACSS Certified Professionals which I must demonstrate in my Step two materials and in the Step three interview.  |
| [ ]  | I confirm that the information provided in this form is true, complete and accurate.  |
| Candidate Signature: [ ]  |
| Candidate Name: Click here to enter text. | Date: Click or tap to enter a date. |

(Please save document in “Word” format & email to Chair of Certification)

certification@spiritualcare.ca

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| Completed by Certification Chair or Verifier  |
| Verification of Documentation (Step 1)  |
| [ ]  | Candidate has provided all required and supporting documentation[ ]  Date: Click or tap to enter a date.[ ]  Verifier emailed candidate that step one is complete  |
| **[ ]**  | Candidate has NOT provided all required and supporting documentation[ ]  Date: Click or tap to enter a date.[ ]  Verifier emailed candidate to request documents that still need to be submitted |
| **[ ]**  | Candidate has provided missing documentation. [ ]  Date: Click or tap to enter a date.[ ]  Verifier emails candidate that step one is complete  |
| Certification Chair/Verifier Signature: [ ]  |
| Certification Chair/Verifier Name: Click here to enter text. | Date: Click or tap to enter a date. |