



Meet the Professional Standards Checklist

Name: _____ (as you would like it to appear on the certificate)

Campus: _____ Date: _____

N.B. – In addition to this completed sheet, please insure to send in copies of degrees and any professional designations you may hold.

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|---|---|
| <u>Category</u> | |
| <u>Degree/Studies</u> | <input type="checkbox"/> Masters in Divinity: Institution _____ Year: _____ or <input type="checkbox"/> M. Div. Equivalency (see form) |
| <u>Experience</u> | <input type="checkbox"/> Two years full time or 5 years part time campus ministry experience Where: _____ When: : _____ |
| <u>Demonstration of Professional Competency</u> | <input type="checkbox"/> Supervised ministry experience (250 hours) Where: _____ When: _____ Supervisor (Name and Credentials): _____ or <input type="checkbox"/> One unit of Clinical Pastoral Education Where: _____ When: _____ |
| <u>Associations</u> | <input type="checkbox"/> Current membership in the CCCM |
| <u>Professional Development</u> | <input type="checkbox"/> Ongoing professional development Two Examples: _____ |
| <u>Code of Ethics</u> | <input type="checkbox"/> Sign here to demonstrate that you have read the CCCM Professional Code of Ethics and commit to uphold _____ |

Approval for Certificate of Recognition _____ (signature)