

Pastoral Counseling Application

INTERNATIONAL SCHOOL FOR MENTAL HEALTH PRACTITIONERS

2295 Victory Boulevard, Staten Island, New York 10314, (718) 698-0700

APPLICATION FOR ADMISSION TO PROGRAM IN PASTORAL COUNSELING

Personal

Social Security # _____ (you may leave blank)

Last Name _____ First _____ Middle _____

Address _____

Home Telephone _____ Cell Phone _____ Work Phone _____

Fax _____ Email _____

Date of Birth _____ Marital Status: Single _____; Married _____: Other _____

If married, spouse's full name _____

Citizen USA: Yes ___ No ___ Religion (optional) _____ Ethnic Origin (optional) _____

Please attach firmly a passport photo to the reverse page)

Academic

Undergraduate College _____

Location _____ Degree _____ Field _____ Date _____

Graduate University _____

Location _____ Degree _____ Field _____ Date _____

Graduate University _____

Location _____ Degree _____ Field _____ Date _____

Information Systems & Computer Applications. *If you have taken this course or the equivalent, please provide documentation.*

Graduate transcript(s) must be sent directly from Registrar to the Admissions Officer of ISMHP.

Work Experience

List all employment of the last *ten* years: name, location; dates; duties; reason for leaving:

1. _____

2. _____
3. _____
4. _____
5. _____

Recommendations

Three letters of recommendation are required. These should be from teachers (at least one) and supervisors (at least one) of your work place(s). The letter should include an assessment of your work, ethics and that you are recommended (to the best knowledge of the one writing) for Pastoral Counseling Training. *These letters are to be sent directly to the Admissions Officer of ISMHP.*

Have you ever been found guilty, or pleaded guilty, no content, or *nolo contendere* to a crime (felony or misdemeanor) in any court? Yes _____ No _____.

Are criminal charges pending against you in any court? Yes ____ No _____.

Has any licensing or disciplinary authority refused to issue or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license or certificate held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you? Yes ____No_____

Are charges pending against you in any jurisdiction for any sort of professional misconduct? Yes ____No _____.

Has any hospital or licensed facility restricted or terminated your professional training, employment, or privileges or have you ever voluntarily resigned or withdrawn from such association to avoid imposition of such measures? Yes ___No ____.

Note: If you answer "Yes" to any of the above questions , submit a letter giving a complete detailed explanation.

It is understood that if you are accepted into the ISMHP Pastoral Counseling Program, you are required, at your own expense, to carry maximum malpractice insurance which covers specifically ISMHP and any ISMHP related agencies in which your work is carried out.

I hereby certify that the information given in this application is accurate and complete to the best of my knowledge. If, I am accepted as a student, I agree to abide by the policies, philosophy of conduct, and expectations of International School for Mental Health Practitioners. I have read in its entirety the information on ISMHP including the material on history, mission, requirements, grades and fees.

Date: _____ Signature _____

NOTARY

State of _____ County of _____

On the ____ day of _____ in the year _____, before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he / she executed the application and swore that the statements made by him / her in the application and all supporting materials are true, complete and correct.

Notary Public's Signature _____

Notary ID number _____

Expiration Date: _____

Month Day Year

Notary Stamp