THE NORTH CAROLINA BOARD OF FEE-BASED PRACTICING PASTORAL COUNSELORS
P.O. Box 447
Kernersville, NC 27285-0447
TELEPHONE: (336) 794-3470
E-mail: ncbfbppc@aol.com
EXECUTIVE DIRECTOR: CARLETON IRVING

RENEWAL FORM FOR 2027

***Please return this form and a check for $100.00 made payable to NCBFBPPC (or online payment receipt) along with your Continuing Education Report, Annual Ecclesiastical Verification, and Supervision Report (the Supervision Report is required for Associates only). **DUE BY DECEMBER 31, 2026. RENEWALS RECEIVED AFTER DECEMBER 31, 2026, REQUIRE A $25.00 LATE FEE.**

Name: _____

Certification Number: _____ Level: Practicing ☐ Associate ☐

Office Address: _____

_____

Office Telephone: _____

Home Address: _____

_____

Home Telephone: _____

Preferred Mailing Address: _____ _____ (Please check one)
Office Home

E-Mail Address: _____

FOR BOARD USE ONLY

Date Received: _____
Amount: _____
Check: ____ # _____
Money Order: ___ # _____
Online Receipt: ___ # _____

THE NORTH CAROLINA STATE BOARD OF EXAMINERS OF FEE-BASED PRACTICING PASTORAL COUNSELING ASSOCIATE

SUPERVISION REPORT
ANNUAL YEAR JANUARY 1, 2026– DECEMBER 31, 2026
FOR RENEWAL YEAR 2027

According to Article 26 "Fee-Based Practicing Pastoral Counselors" 90-382(3) I have been in qualified supervision with the following person(s) during the Annual Year January 1, 2026 to December 31, 2026:

_____ _____

NAME OF PASTORAL COUNSELING ASSOCIATE (PLEASE PRINT) **SIGNATURE**

_____ **ISSUED CERTIFICATION NUMBER:** _____

DATE

Supervisor	**Degree**	**Discipline**	**Individual Hours**	**Group Hours**
Name: _____	_____	_____	_____	_____

Address: _____

_____

Telephone: _____

Supervisor Signature: _____ **Date:** _____

Supervisor	**Degree**	**Discipline**	**Individual Hours**	**Group Hours**
Name: _____	_____	_____	_____	_____

Address: _____

_____

Telephone: _____

Supervisor Signature: _____ **Date:** _____

Supervisor	**Degree**	**Discipline**	**Individual Hours**	**Group Hours**
Name: _____	_____	_____	_____	_____

Address: _____

_____

Telephone: _____

Supervisor Signature: _____ **Date:** _____

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CONTINUING EDUCATION REPORT FOR 2026
FOR RENEWAL YEAR 2027

A total of at least 50 hours from ALL the combined categories is required. Of the 50 hours, 20 hours must be contact hours in either Category I-Pastoral Theology, Category II-Clinical Theory and Practice, or Category III-Pastoral, Psychological and Psychiatric Diagnosis.

ATTACH DOCUMENTATION OF THE 20 CONTACT HOURS.

(*A continuing education year is established as January 1 to December 31.*)

■ **CATEGORY I-PASTORAL THEOLOGY**

DESCRIPTION	NUMBER OF HOURS

■ **CATEGORY II-CLINICAL THEORY AND PRACTICE**

DESCRIPTION	NUMBER OF HOURS

■ **CATEGORY III-PASTORAL, PSYCHOLOGICAL AND PSYCHIATRIC DIAGNOSIS**

DESCRIPTION	NUMBER OF HOURS

TOTAL NUMBER OF HOURS ABOVE (Total of Category I, II, and III combined: Minimum of 20)	
REMIDER: ATTACHED DOCUMENTATION OF AT LEAST 20 CONTACT HOURS IN THE CATEGORIES ABOVE MUST BE PROVIDED	

■ **CATEGORY IV-CONSULTATION AND SUPERVISION**

DESCRIPTION	NUMBER OF HOURS

■ **CATEGORY V-BOOKS AND PROFESSIONAL JOURNALS**

DESCRIPTION	NUMBER OF HOURS

■ **CATEGORY VI-OTHER**

DESCRIPTION	NUMBER OF HOURS

TOTAL NUMBER OF HOURS ABOVE **(Total of Category IV, V, and VI combined)**	
TOTAL NUMBER OF HOURS FROM PREVIOUS PAGE **(Total of Category I, II, and III combined: Minimum of 20)**	
TOTAL NUMBER OF HOURS FOR THE YEAR (Minimum of 50)	

Name _____
(Please Print)

Signature _____ **Date** _____

NORTH CAROLINA STATE BOARD OF EXAMINERS OF FEE-BASED PRACTICING PASTORAL COUNSELORS

FAITH GROUP VERIFICATION
FOR RENEWAL YEAR 2027

This is to verify that: _____
Name of Certified Pastoral Counselor--(Please Print)

1. is currently an ordained minister as defined by the IRS code (see below);
2. is currently considered in good standing as a rabbi, priest, minister or religious leader by my denomination or faith group;
3. is not currently called or elected to serve on a full-time basis in a pastorate;
4. is currently endorsed by my denomination or faith group to function as a fee-based pastoral counselor; and
5. has completed three years of full-time service as a rabbi, priest, minister, or religious leader (or the equivalent).

_____ _____
Signature of Certified Pastoral Counselor Date

Please list below information regarding the Denominational Official who is able to verify your current status:

_____
Name of Verifying Official Title of Verifying Official

Address and Telephone Number of Verifying Official:

_____
_____
_____

MINISTERS

Ministers are individuals who are duly ordained, commissioned, or licensed by a religious body constituting a church or church denomination. They are given the authority to conduct religious worship, perform sacerdotal functions, and administer ordinances or sacraments according to the prescribed tenets and practices of that church or denomination.

If a church or denomination ordains some ministers and licenses or commission others, anyone licensed or commissioned must be able to perform substantially all the religious functions of an ordained minister to be treated as a minister for social security purposes.

From Publication 517 "Social Security for Members of the Clergy and Religious Workers."
11/00

Note: This form is to be completed by the Certified Fee-Based Pastoral Counselor or Pastoral Counseling Associate and returned with the rest of your renewal materials.

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NOTICE OF INTENT NOT TO RENEW CERTIFICATION FOR 2027

IN ORDER TO PREVENT DELAYS IN PROCESSING RENEWALS AND TO KEEP ACCURATE RECORDS, THE BOARD REQUESTS THAT IF YOU DO NOT WISH TO RENEW YOUR CERTIFICATION, THAT YOU COMPLETE THIS FORM AND RETURN IT TO THE BOARD'S OFFICE PRIOR TO DECEMBER 31.

Name: _____

Certification No: _____

Practicing: _____ Associate: _____

Reason for not Renewing: _____

_____

_____

_____

_____

_____

_____

_____

_____ _____
Signature Date