

**THE NORTH CAROLINA BOARD OF FEE-BASED
PRACTICING PASTORAL COUNSELORS**

P.O. Box 447

Kernersville, NC 27285-0447

TELEPHONE: (336) 794-3470

E-mail: ncfbppc@aol.com

EXECUTIVE DIRECTOR: CARLETON IRVING

RENEWAL FORM FOR 2021

Please return this form and a check for \$100.00 made payable to NCBFBPPC along with your Continuing Education Report, Annual Ecclesiastical Verification, and Supervision Report (the Supervision Report is required for Associates only). **DUE BY DECEMBER 31, 2020. RENEWALS RECEIVED AFTER DECEMBER 31, 2020 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: _____ # _____

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

SUPERVISION REPORT
ANNUAL YEAR JANUARY 1, 2020– DECEMBER 31, 2020
FOR RENEWAL YEAR 2020

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, 2020 to December 31, 2020:

NAME OF PASTORAL COUNSELING ASSOCIATE
(PLEASE PRINT)

SIGNATURE

DATE

ISSUED CERTIFICATION NUMBER: _____

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 2020
FOR RENEWAL YEAR 2021**

A total of at least 50 hours from all of 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)	
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**REMINDER: ATTACHED DOCUMENTATION OF AT LEAST 20 CONTACT HOURS
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)	
<u>TOTAL NUMBER OF HOURS FOR THE YEAR (Minimum of 50)</u>	

Name _____
(Please Print)

Signature _____

Date _____

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NOTICE OF INTENT NOT TO RENEW CERTIFICATION FOR 2021

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