

**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](mailto:ncfbppc@aol.com)**

**EXECUTIVE DIRECTOR: CARLETON IRVING**

**RENEWAL FORM FOR 2024**

\*\*\*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, 2023. RENEWALS RECEIVED AFTER DECEMBER 31, 2023, 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**

<b>SUPERVISION REPORT</b>
<b>ANNUAL YEAR JANUARY 1, 2023– DECEMBER 31, 2023</b>
<b>FOR RENEWAL YEAR 2024</b>

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, 2023 to December 31, 2023:

\_\_\_\_\_  
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 2023  
FOR RENEWAL YEAR 2024**

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

<b>TOTAL NUMBER OF HOURS ABOVE</b> (Total of Category I, II, and III combined: Minimum of 20)	
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**REMIER: 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

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

Name \_\_\_\_\_  
(Please Print)

Signature \_\_\_\_\_

Date \_\_\_\_\_

**NORTH CAROLINA STATE BOARD OF EXAMINERS OF FEE-BASED  
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<b>FAITH GROUP VERIFICATION</b>
<b>FOR RENEWAL YEAR 2024</b>

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 2024**

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