

BCPPC PROFESSIONAL REFERENCE

Name of Applicant (please print clearly): _____

The above named applicant is applying for certification by the Board of Christian Professional and Pastoral Counselors (BCPPC). The BCPPC is a network of Christian counselors who are capable and experienced, with a strong and authentic Christian foundation to their counseling and/or ministerial service. The purpose of the BCPPC is to help identify those Christian counselors who provide the highest quality of care to those they serve. As a *professional/collegial reference*, we are asking you to provide us your assessment of this applicant's qualifications.

Name of Reference: _____ Title: _____

Organization/Church (if applicable): _____

Address: _____
(Street) (City) (State) (Zip)

Phone: Work: () _____ Home: () _____ Cell: () _____

Email: _____

How long and in what capacity have you known the applicant? ____ years ____ months ____

Please rate the applicant on the following characteristics using the descriptions provided below. Please check only one box for each characteristic.

	Exceptional	Above Average	Average	Below Average	Unsure
1. Demonstrates a positive and authentic relationship with Jesus Christ.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Reflects a commitment to ongoing growth in his/her personal, professional, and/or ministerial life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Ability to understand and conceptualize client issues, including those related to spirituality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Appropriately integrates Christian faith and counseling principles in an effective manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Ability to establish and maintain healthy counseling relationships with appropriate boundaries.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Demonstrates empathy in counseling with others, mature, judgment, emotional stability, and spiritual maturity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Demonstrates effective communication, organizational, and treatment planning skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Consistently follows established professional and ethical standards of practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I recommend certification by the BCPPC (check one): ____ Highly ____ Moderately ____ With Reservation

Signature: _____ Date: _____

If you would like to add any additional comments, feel free write on the back of this page or attach a separate letter. Please put the completed reference form (and other comments) in a *sealed envelope* with your *signature across the back flap* and return to the applicant. Thank you for your participation.