



Sheriff's Chaplaincy Conference

Application for Certification

Name: _____

Last

First

Middle

Home Address: _____

Department Name Address _____

Social Security Last four: _____ E-mail _____

Office Phone: _____

Home Phone: _____

Cell Phone: _____

Level of Certification:

- Basic Level
- Senior Level Law Enforcement Chaplain
- Senior Level Jail Chaplain
- Master Level Law Enforcement Chaplain
- Master Level Jail Chaplain

Education: Name of Institution Degree Years

College: _____

Seminary: _____

Other: _____

Special Training: _____

Chaplaincy Training: _____

Religious Affiliation: _____

Ecclesiastic Status: Ordained Licensed Commissioned

Religious & Occupational Experience:

Date Employer City/State Title

Chaplaincy Experience:

Date Department / Agency City/State Title

Requirements for Certification:

- Complete all required classes
- Complete three (3) years of experience as a chaplain in Law Enforcement/Jail Chaplaincy
- Take and pass the test with eighty (80%) percent or better.
- SCC will give you a study guide.
- You will need a monitor from your church or Law Enforcement Agency to administer the test and remain with you for the test. You will be given two hours to complete the test.
- The test will be sent and returned by the monitor.
- There is a fee of \$40 to take the test and must accompany this application.
- You need a letter of appointment from the department head or head Chaplain.
- You need a letter of ecclesiastical endorsement from your church/denomination.

I understand that misrepresentation or deliberate omission of a fact in my application may be justification for refusal or termination of my membership with the Sheriffs Chaplaincy Conference.

Signature: _____ Date: _____

Please include these items with your application.

- o Letter of appointment by department
- o Letter of endorsement from church/denomination.
- o Name address and phone number of monitor.
- o \$40.00 fee for testing

Proctor Information:

Name: _____

Title or relationship: _____

Address: _____

Phone: _____ E-Mail: _____

Send completed application to
P.O. Box 12501
Fort Wayne, Indiana 46863-2501
Web Site:
www.sheriffschaplaincy.org