



CERTIFICATION REVIEW DECISION SUMMARY

This is an official summary of the decisions taken by a CSCPF Certification Review Board

Meeting Information	
Candidate's Full Name	
Certification Categories (Check all that apply)	<input type="checkbox"/> BCACC – Associate Clinical Chaplain <input type="checkbox"/> BCAPC – Associate Pastoral Counselor <input type="checkbox"/> BCCC – Clinical Chaplain <input type="checkbox"/> BCPC – Pastoral Counselor <input type="checkbox"/> Clinical Specialist: Hospice & Palliative Care <input type="checkbox"/> BCS – Supervisor of Clinical Pastoral Education <input type="checkbox"/> BCPP – Pastoral Psychotherapist <input type="checkbox"/> BCPPS – Pastoral Psychotherapist Supervisor <input type="checkbox"/> Other
Date and Time	
Location	<input type="checkbox"/> In Person <input type="checkbox"/> Virtual
Certification Type	<input type="checkbox"/> Regular <input type="checkbox"/> Reciprocal <input type="checkbox"/> Rectification

Decision	<input type="checkbox"/> The candidate's request was not approved. <input type="checkbox"/> The candidate's request was provisionally approved. The provisions will be documented in the community report. <input type="checkbox"/> The candidate's request was approved. Please issue a certificate in the above name and category.
Board Members (For regular certifications, three board members and the Commissioned Review Liaison must sign. In reciprocal or re-certification, there is no Commissioned Review Liaison.)	Board Member name/Certification Level/Role on Panel 1. 2. 3. 4.

Candidate's Mailing Information (for mailing certificate)	
Mailing Address	
Best Contact	
<input type="checkbox"/> Email	
<input type="checkbox"/> Phone	

Please call (925) 658-5740 opt 1 if there are any questions about completing this form.

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CSCPF • 4008 Louetta Rd. PMB 223, Spring, TX 77388 • 925-658-5740