



F.A.C.C.T.

Florida Association of Christian Counselors and Therapists

Pre-Application for Certification or Licensure

STEP ONE: From the list of Certifications and Licenses available through F.A.C.C.T., select your top three (3) choices and mark accordingly: (1st, 2nd, 3rd)

- ☐ Certified Christian Counselor **CCC**: *A layperson working in a counseling or mental health field*
- ☐ Licensed Christian Counselor **LCC**: *A layperson working under, and with, a licensed counselor (BA or higher)*
- ☐ Certified Clinical Temperament Therapist **CCTT**: *A person who is in the process of Temperament Training*
- ☐ Licensed Clinical Temperament Therapist **LCTT**: *A person who has completed the Temperament Training, internship and supervision*
- ☐ Certified Pastoral Counselor **CPC**: *A Minister who practices in the area of Pastoral counseling*
- ☐ Licensed Pastoral Counselor **LPC**: *A Minister who holds a Bachelor's degree (or higher) and has completed an internship under recognized supervision in Pastoral Counseling*
- ☐ Certified Clinical Christian Therapist **CCCT**: *A person working toward a Master's degree in mental health from an approved college or university*
- ☐ Licensed Clinical Christian Therapist **LCCT**: *A person who holds a Master's degree in mental health and has completed practicum, internship and supervision*
- ☐ Certified Christian Social Worker **CCSW**: *A person working toward an MSW degree from an approved college or university*
- ☐ Licensed Clinical Christian Social Worker **LCCSW**: *A person who holds an MSW degree from an approved college or university, with required 30 credit hours of Bible Training Certification, and supervision*
- ☐ Certified Christian Marriage and Family Therapist **CCMFT**: *A person working toward a Master's degree in mental health under the supervision of a FACCT-approved supervisor*
- ☐ Licensed Christian Marriage and Family Therapist **LCMFT**: *A person who holds a Master's degree and has completed practicum, internship and supervision*
- ☐ Licensed Clinical Christian Psychologist **LCCP** or **CPY** for PhDs or ED's: *A person who holds a PhD in Psychology or related discipline having completed internship and supervision*
- ☐ Board Certified Supervisor **BCS**: *A person who holds a FACCT license and is qualified to supervise students*
- ☐ Board Certified Instructor **BCI**: *A FACCT member qualified to teach in specified areas*

FACCT also certifies other areas of competence such as substance abuse, batterers intervention, sex offender therapist, life coach, chaplaincy, and others.

STEP TWO: Fill out the following information:

FACCT Membership number _____ Expiration Date _____

Church Affiliation: _____

Personal Information:

Name _____ Email _____
(Dr. Rev. Mr. Mrs. Ms.)

Address _____

City _____ State _____ Zip _____

Phone: Home _____ Work _____ Cell _____

Date of Birth _____ Place of Birth _____ Social Security Number _____ - _____ - _____

Have you ever served in active duty in the Armed Forces, the Reserves, or the National Guard during wartime or during a conflict when the president committed military personnel? yes* no

At any time, have you held a license in any jurisdiction as a Professional Counselor, Marriage and Family Therapist, Social Worker, Pastoral Counselor, Christian Counselor and/or Therapist or Temperament Therapist? yes* no

If you answered yes to the above question, complete the following:

License Title _____ Jurisdiction _____

Date Issued _____ Expiration Date _____

If you have held a license listed above, complete the following items:

Have you ever had a license revoked, suspended or annulled? yes* no

Have you ever had any disciplinary action taken against you by the authority issuing the license? yes* no

Have you ever been refused renewal of the license pursuant to disciplinary proceedings? yes* no

Have you ever been denied licensure pursuant to disciplinary proceedings? yes* no

Have you ever been the defendant in a malpractice suit or entered into a settlement agreement or paid court awarded damages? yes* no

Have you ever been convicted of any felony or any crime involving moral turpitude? yes* no

*If you checked yes to any of the above six items please enclose an explanation and a copy of the order, decree, final deposition or other relevant documents.

Applicant's Signature

(Signature must be actual physical signature, not electronic.)

Date

STEP THREE: Mail the following items to address below:

- 1 - Completed and signed form
- 2 - Copies of your degrees and certifications
- 3 - Your resume
- 4 - \$35.00 non-refundable administrative fee

STEP FOUR: Pay the fee for license/certification.

(The licensing board chairperson will give you the amount due.)

Please return Pre-Application, with appropriate fee, to:

Federal Association of Christian Counselors & Therapists, Inc.

Attn: License Board Chair

**611 S. Main Avenue
Groveland, FL 34736**

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Fax: 352-429-1206

E-mail: FACCT93@outlook.com