



# F.A.C.C.T.

Federal Association of Christian Counselors and Therapists, Inc.

## *Pre-Application for Certification or Licensure*

**STEP ONE:** From the list of Certifications and Licenses available through F.A.C.C.T., please list 1, 2, & 3 in order of your preference.

- Certified Christian Counselor **CCC**: *A layperson working in a counseling or mental health field*
- 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 counseling*
- Licensed Pastoral Counselor **LPC**: *A Minister who holds a Bachelor degree 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 accredited 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 accredited college or university*
- Licensed Clinical Christian Social Worker **LCCSW**: *A person who holds an MSW degree from an accredited college or university*
- 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*
- Board Certified Instructor **BCI**: *A FACCT member qualified to teach in specified areas*

**STEP TWO:** Fill out the following information

FACCT Membership Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Manner of Licensure: (*check one*) \_\_\_\_\_ By Grandfather \_\_\_\_\_ By Examination \_\_\_\_\_ By Reciprocity

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

If you answered yes to the above question, you may be eligible for Veteran's preference points to be added to your license examination score.

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**

\_\_\_\_\_  
**Date**

**STEP THREE:** Mail the following items to the address below

- 1.) Completed and signed form.
- 2.) Copies of your degrees and certifications.
- 3.) A copy of your resume.
- 4.) The \$35.00 non-refundable Pre-Application fee.

**STEP FOUR:** Pay the fee for license or certification.

(The license board chair will give you a License Fee Schedule with 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**

**Office: 352-429-5600**

**Fax: 352-429-1206**

**E-mail: [FACCT93@outlook.com](mailto:FACCT93@outlook.com)**