



International Conference of Police Chaplains

Serving All Law Enforcement Chaplains

BASIC/LIAISON APPLICATION

ICPC Membership Required

☐ **Basic** - \$25.00 USD

☐ **Liaison** - \$25.00 USD

LAST NAME _____ FIRST _____ MI _____

ADDRESS _____ CITY _____ STATE _____

ZIP _____ COUNTRY _____ EMAIL ADDRESS _____

CELL PHONE _____ SECONDARY PHONE _____ ☐ WORK ☐ HOME

ECCLESIASTICAL AFFILIATION: _____ DATE APPOINTED CHAPLAIN: _____

REQUIREMENTS: *CEU's must include the ten basic (10) ICPC core courses.*

Basic - 3.5 CEU's (35 training hours)

Liaison - 4.0 CEU's (40 training hours)

Please indicate year and location for each course:

Course	Year 2017	Location Norfolk, VA	Course	Year 2017	Location Norfolk, VA
B01 Understanding Law Enforcement Chaplaincy			B07 Suicide		
B02 Law Enforcement Chaplaincy Basics			B08 Department/Agency Incidents		
B03 Legal Aspects of Chaplaincy			B09 Death Notification		
B04 Law Enforcement Family			B10 Self-care for the Chaplain		
B05 Characteristics of Stress					
B06 Responding to the Call-out					

Liaison Credentialing requires the following courses:

	Liaison Officer I	Liaison Officer II	Liaison Officer III
Year: (<i>Ex. 2016</i>)			
Location: (<i>City, ST</i>)			

OFFICE USE ONLY

☐ EMAIL APPLICANT ☐ DUES CURRENT MBR STATUS: _____ YRS LE CHAPLAIN: _____ CEU'S: _____

CRED: _____ ☐ MBR DB-CRED APP/DATE/LEVEL ☐ SUBMIT PACKET ACADEMIC REGISTRAR ☐ APP PENDING FILE

Chaplaincy Experience (List most recent first)				
From <i>Ex. 4/1998</i>	To <i>Ex. 8/2012</i>	Agency Name <i>Police Department/Sheriff's Office/Other</i>	Agency Head <i>Chief/Sheriff Name</i>	Title <i>Chaplain</i>

If additional space is required, please list on a separate page and attach with this application.

I understand that misrepresentation or deliberate omission of fact in my application may be justification for refusal or termination of this credential. Credentialing with ICPC is not an endorsement of competency or an endorsement to practice chaplaincy. Furthermore, I understand this process can take up to 30 days to complete.

Signed: _____ Date: _____

<p style="text-align: center;"><u>APPLICANT CHECKLIST</u></p> <p><input type="checkbox"/> Application - completed, signed, dated</p> <p><input type="checkbox"/> Application Fee - \$25.00 USD ONLY</p> <p><input type="checkbox"/> Supporting Documentation* *refer to ICPC Credentialing Booklet</p> <p style="text-align: center;">Questions?</p> <p style="text-align: center;">See our website: www.icpcchaplains.org or Call us at: 520 - 317 - 5171</p>	<p style="text-align: center;">SUBMIT COMPLETED APPLICATION, PAYMENT, AND SUPPORTING DOCUMENTS TO:</p> <p>Mail: 373 E Val Vista Casa Grande AZ 85122</p> <p>E-mail: Office@icpcchaplains.org Ph: 520 - 317 - 5171</p> <p style="text-align: center;"><u>PAYMENT OPTIONS:</u></p> <p>Check - include with your completed packet or</p> <p>Visa/MasterCard - complete form below or indicate phone number for verbal authorization</p> <p style="text-align: center;">~ DO NOT SEND CASH ~</p>
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Visa/MasterCard Payment Authorization (Visa/MC Only)	
Chaplain Last Name: _____	First: _____
Card Type: <input type="checkbox"/> Agency <input type="checkbox"/> Church <input type="checkbox"/> Personal	Amount: _____
Cardholder Name: _____	
Cardholder Signature: _____	_____/_____/_____ Date
Visa/MasterCard #: _____ — _____ — _____ — _____	Exp. Date: ____/____
OR, we will call you for verbal authorization at: (_____) _____ - _____	