

International Conference of Police Chaplains Serving All Law Enforcement Chaplains

DIPLOMATE/FELLOW APPLICATION

ICPC Membership Required --- Application Deadline: March 31

AST NAME			FIRST			MI	
LAST NAME			FIRST			MII	
ADDRESS			Сіту			STATE	
Zip Country			EMA	IL Address			
CELL PHONE SECON			SECONDARY PHONE		□ Work	□ Номе	
Religious Affiliation:			DA	ATE APPOINTED CHAPLAIN:	/		
		Chaplaincy 1	Experience (List n	nost recent first)			
From Ex. 3/1997	To <i>Ex. 9/2009</i>	Agency N Police Department/Sher	ame riff's Office/Other	Depart/Agency H Chief/Sheriff Name		Title Chaplain	
	If add	litional space is required, plea	ase list on a separate p	page and attach with this a	pplication.		
		ATS/RTS Cre	edits: 20 - Diplom	nate; 40 - Fellow			
A	ATS Location	n/Date (1 ATS = 2 Credit	s)	RTS Location/Date (1 RTS = 1 (Credits)	
Ex - Sp	ookane, WA, 201	2 Ex - Grapevine, T	TX, 2013 Ex	Ex - Columbia, SC, 2014		Ex - Sacramento, CA, 20.	
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			OFFICE USE ONLY	7			

ICPC Involvement								
Date <i>Ex.</i> 2002-2006	Service Title/Region: Treasurer, Region 5	Date Ex: 2009	Service Title/Region: Host Committee RTS, Region 4					
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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 may take 150-180 days to complete.

Signed: Date:

APPLICANT CHECKLIST

- ☐ Application completed, signed, dated
- ☐ Application Fee: \$150.00 USD ONLY
- □ Supporting Documentation*
 *refer to ICPC Credentialing Booklet

Questions?

See our website: www.icpcchaplains.org or Call us at: 520-317-5171

SUBMIT COMPLETED APPLICATION, PAYMENT, AND SUPPORTING DOCUMENTS TO:

Mail: 373 E Val Vista Blvd. Casa Grande, AZ 85122

E-mail: Office@icpcchaplains.org

PAYMENT OPTIONS:

Check - include with your completed packet or
Visa/MasterCard - complete form below or
indicate phone number for verbal authorization

~ DO NOT SEND CASH ~

Visa/MasterCard Payment Authorization (Visa/MC Only)						
Chaplain Last Name:	First:					
Card Type: ☐ Agency ☐ Church ☐ Personal Cardholder Name:	Amount:					
Cardholder Signature:						
Visa/MasterCard #:	Exp. Date:/					
OR, we will call you for verbal authorization at: ()						