

**AMERICAN ASSOCIATION FOR HIGHER EDUCATION
AND ACCREDITATION (ACCREDITING BODY)
AND
INTERNATIONAL CIRCLE OF FAITH (ECCLESIASTICAL ENDORSEMENT)**



**INTERNATIONAL CIRCLE OF FAITH CHAPLAINCY
CHAPLAIN CREDENTIAL ASSESSMENT**

2024

*****AAHEA is collecting information to be considered for an appointment as a Chaplain. Once an assessment is completed, International Circle of Faith will determine the Chaplain Level to be assigned. You will be advised of the fee. There will be items that can be ordered such as Chaplain ID Cards, Chaplain Endorsement Certificate, Chaplain Badge this is in addition to the initial registration/assessment fee.**

Note that each lettered entry has a line that identifies the kind of supporting documents needed in the accompanying Portfolio. Attach extra sheets as necessary. Check the box to indicate documentation is included in Portfolio. This guide is designed to assist you in assembling a portfolio for assessment. ****It is important that you begin by giving this document a unique name. As this is a form filler if you do not save the data will be removed automatically.**

1. NAME: SS#:

2. ADDRESS:

3. PHONE: BUSINESS PHONE: EXT:

4. DATE of BIRTH: / / Total Years Experience (if any)

5. HIGH SCHOOL GED Graduation Year: Employer:

6. High School Location (City & State):

CHAPLAIN EVALUATION

The Chaplain Review Committee will evaluate all submitted materials

7. Please attach your resume with a brief summary of your Chaplain/Ministerial experience indicating places, dates, and duties or responsibilities.

8. Please send copies of Transcripts/Credentials to AAHEA. www.aahea.org

9. You will be billed in the amount of **\$100 US Dollars** deposit to cover the registration fee. An invoice will be sent that you can make payments by Credit Card, Debit Card, Wire Transfer, PayPal. A total of **\$250 US Dollars** is required for the Chaplain Assessment.

Applicant's Signature

--

EDUCATION

A						
1.	HIGH SCHOOL:					
	CITY & STATE:					
	DATE COMPLETED:					
2.	HIGH SCHOOL:					
	CITY & STATE:					
	DATE COMPLETED:					
3.	COLLEGE/UNIVERSITY NAME:					
	CITY & STATE:					
	ATTENDANCE (MONTH-YEAR):	<table border="1"><tr><td style="width: 20px;"></td><td style="width: 100px;"></td><td style="width: 20px;"></td><td style="width: 100px;"></td></tr></table>				
	MAJOR:					
	DEGREE:					
NO. OF CREDITS:	<table border="1"><tr><td style="width: 20px;"></td><td style="width: 100px;"></td><td style="width: 20px;"></td><td style="width: 100px;"></td></tr></table> CHECK <input type="checkbox"/>					
4.	COLLEGE/UNIVERSITY NAME:					
	CITY & STATE:					
	ATTENDANCE (MONTH-YEAR):	<table border="1"><tr><td style="width: 20px;"></td><td style="width: 100px;"></td><td style="width: 20px;"></td><td style="width: 100px;"></td></tr></table>				
	MAJOR:					
	DEGREE:					
NO. OF CREDITS:	<table border="1"><tr><td style="width: 20px;"></td><td style="width: 100px;"></td><td style="width: 20px;"></td><td style="width: 100px;"></td></tr></table> CHECK <input type="checkbox"/>					

PORTFOLIO: Official transcripts are required with school seal and registrar's signature.

EDUCATION *(Continued)*

B				
1.	TECHNICAL/TRADE/MILITARY VOCATIONAL SCHOOL NAME:			
	ATTENDANCE (MONTH-YEAR):	FROM:		To:
	MAJOR:			
	INSTRUCTIONAL CONTACT HOURS:			CHECK <input type="checkbox"/>
2.	TECHNICAL/TRADE/MILITARY VOCATIONAL SCHOOL NAME:			
	ATTENDANCE (MONTH-YEAR):	FROM:		To:
	MAJOR:			
	INSTRUCTIONAL CONTACT HOURS:			CHECK <input type="checkbox"/>
3.	TECHNICAL/TRADE/MILITARY VOCATIONAL SCHOOL NAME:			
	ATTENDANCE (MONTH-YEAR):	FROM:		To:
	MAJOR:			
	INSTRUCTIONAL CONTACT HOURS:			CHECK <input type="checkbox"/>

PORTFOLIO: Official transcripts are required with school seal and registrar's signature. Legible copies accepted.

EDUCATION *(Continued)*

C				
1.	HOME STUDY COURSES CORRESPONDENCE SCHOOL NAME:			
	ATTENDANCE (MONTH-YEAR):			

SUBJECT:			
HOURS OF PREPARATION:			CHECK <input type="checkbox"/>

2.	HOME STUDY COURSES CORRESPONDENCE SCHOOL NAME:						
	ATTENDANCE (MONTH-YEAR):						
	SUBJECT:						
	HOURS OF PREPARATION:						CHECK <input type="checkbox"/>

3.	HOME STUDY COURSES CORRESPONDENCE SCHOOL NAME:						
	ATTENDANCE (MONTH-YEAR):	FROM:			TO:		
	SUBJECT:						
	HOURS OF PREPARATION:						CHECK <input type="checkbox"/>

PORTFOLIO: Certificates, Transcripts, Diplomas (photocopies).

CHAPLAIN/MINISTERIAL HISTORY:

Start with first assignment and progress in chronological order.

D

1.	ASSIGNMENT NAME:						
	DESCRIPTION:						
	PERIOD:	FROM			TO		
		MONTH:		YR:		MONTH:	
	NUMBER OF MONTHS:						

2.	ASSIGNMENT NAME:						
	DESCRIPTION:						
	EMPLOYMENT PERIOD:	FROM			TO		
		MONTH:		YR:		MONTH:	
NUMBER OF MONTHS:							

3.	ASSIGNMENT NAME:						
	JOB DESCRIPTION:						
EMPLOYMENT PERIOD:	FROM			To			
	MONTH:		YR:		MONTH:		YR:
NUMBER OF MONTHS:							

CHAPLAIN/MINISTERIAL HISTORY: *(Continued)*

D

4.	EMPLOYER NAME:						
EMPLOYMENT PERIOD:	FROM			To			
	MONTH:		YR:		MONTH:		YR:
NUMBER OF MONTHS:							

5.	ASSIGNMENT NAME:						
	DESCRIPTION:						
EMPLOYMENT PERIOD:	FROM			To			
	MONTH:		YR:		MONTH:		YR:
NUMBER OF MONTHS:							

6.	ASSIGNMENT NAME:						
	DESCRIPTION:						
EMPLOYMENT PERIOD:	FROM			TO			
	MONTH:		YR:		MONTH:		YR:
NUMBER OF MONTHS:							

PORTFOLIO: Letters from Employers, Supervisors, or Peers are expected from most recent positions.

ON-THE-JOB TRAINING, SEMINARS, ETC.

E							
1.	AAHEA/ICOF Use:						
	SPONSOR:						
	PROGRAM DESCRIPTION:						
	ATTENDANCE (MONTH-YEAR):	FROM:		TO:			
	TOTAL HOURS:						CHECK <input type="checkbox"/>
2.	AAHEA/ICOF Use:						
	SPONSOR:						
	PROGRAM DESCRIPTION:						
	ATTENDANCE (MONTH-YEAR):	FROM:		TO:			
	TOTAL HOURS:						CHECK <input type="checkbox"/>

3.	AAHEA/ICOF USE:				
	SPONSOR:				
	PROGRAM DESCRIPTION:				
	ATTENDANCE (MONTH-YEAR):	FROM:		TO:	
	TOTAL HOURS:				CHECK <input type="checkbox"/>

PORTFOLIO: Evidence of participation: certificates, programs, letters of confirmation.

**PERFORMING AND CREATIVE ARTS That relate to
Chaplain/Ministerial:**

F		
1.	DESCRIBE PERFORMANCES IN WHICH YOU HAVE TAKEN PART, DESCRIBE WORKS YOU HAVE CREATED:	
	NAME DIRECTORS, PRODUCERS, OR TUTORS UNDER WHOM YOU HAVE WORKED:	
	AWARDS, PRIZES, AND HONORS:	CHECK <input type="checkbox"/>
2.	DESCRIBE PERFORMANCES IN WHICH YOU HAVE TAKEN PART, DESCRIBE WORKS YOU HAVE CREATED:	
	NAME DIRECTORS, PRODUCERS, OR TUTORS UNDER WHOM YOU HAVE WORKED:	
	AWARDS, PRIZES, AND HONORS:	CHECK <input type="checkbox"/>

3.	DESCRIBE PERFORMANCES IN WHICH YOU HAVE TAKEN PART, DESCRIBE WORKS YOU HAVE CREATED:	
	NAME DIRECTORS, PRODUCERS, OR TUTORS UNDER WHOM YOU HAVE WORKED:	
	AWARDS, PRIZES, AND HONORS:	CHECK <input type="checkbox"/>

PORTFOLIO: Artwork, programs, tapes, photographs, citations, etc.

GENERAL LEARNING:

G	1.	DESCRIBE NON JOB-RELATED LEARNING EXPERIENCES THAT YOU FEEL JUSTIFY CHAPLAIN CREDIT:
		CHECK <input type="checkbox"/>

2.	DESCRIBE NON JOB-RELATED LEARNING EXPERIENCES THAT YOU FEEL JUSTIFY CHAPLAIN CREDIT:	
		CHECK <input type="checkbox"/>

3.	DESCRIBE NON JOB-RELATED LEARNING EXPERIENCES THAT YOU FEEL JUSTIFY CHAPLAIN CREDIT:	
		CHECK <input type="checkbox"/>

PORTFOLIO: Include a statement explaining why credit is justifiable.

H

LIST LANGUAGES YOU CAN USE. IDENTIFY YOUR SKILLS WITH APPROPRIATE CODE:
Excellent = E; Good = G; Fair = F.

1. LANGUAGE: _____
SINCE (YEAR): _____
WRITE: _____
SPEAK: _____
READ: _____

2. LANGUAGE: _____
SINCE (YEAR): _____
WRITE: _____
SPEAK: _____
READ: _____

3. LANGUAGE: _____
SINCE (YEAR): _____
WRITE: _____
SPEAK: _____
READ: _____

4. LANGUAGE: _____
SINCE (YEAR): _____
WRITE: _____
SPEAK: _____
READ: _____

5. LANGUAGE: _____
SINCE (YEAR): _____
WRITE: _____
SPEAK: _____
READ: _____



SPECIALIZED ACTIVITIES AND ACHIEVEMENTS:

I	MEMBERSHIP IN PROFESSIONAL ASSOCIATIONS.
----------	--

1.	NAME OF ORGANIZATION:	
	YEARS ACTIVE:	
	OFFICES HELD:	
	EXTENT OF ACTIVITY:	

CHECK

2.	NAME OF ORGANIZATION:	
	YEARS ACTIVE:	
	OFFICES HELD:	
	EXTENT OF ACTIVITY:	

CHECK

3.	NAME OF ORGANIZATION:	
	YEARS ACTIVE:	
	OFFICES HELD:	
	EXTENT OF ACTIVITY:	

CHECK

Please include: Membership Cards, Membership Letters, Membership Certificates,, Ministerial Ordination Certificates.

SPECIALIZED ACTIVITIES AND ACHIEVEMENTS *(Continued)*

J OFFICE HOLDER OR OTHER LEADERSHIP ROLE IN RELIGIOUS ORGANIZATION, CIVIC, FRATERNAL, OR POLITICAL

1.

NAME OF ORGANIZATION:	
YEARS ACTIVE:	
OFFICES HELD:	
EXTENT OF ACTIVITY:	

CHECK

2.

NAME OF ORGANIZATION:	
YEARS ACTIVE:	
OFFICES HELD:	
EXTENT OF ACTIVITY:	

CHECK

3.

NAME OF ORGANIZATION:	
YEARS ACTIVE:	
OFFICES HELD:	
EXTENT OF ACTIVITY:	

CHECK

PORTFOLIO: Evidence of active participation – programs, etc.

SPECIALIZED ACTIVITIES AND ACHIEVEMENTS *(Continued)*

K	AWARDS, CITATIONS OR OTHER EVIDENCE OF ACHIEVEMENTS THAT HAVE BEEN RECOGNIZED.
----------	--

1.	NAME OF ORGANIZATION:	
	TYPE OF AWARD:	
	YEAR:	
	ACHIEVEMENT:	

CHECK

2.	NAME OF ORGANIZATION:	
	TYPE OF AWARD:	
	YEAR:	
	ACHIEVEMENT:	

CHECK

3.	NAME OF ORGANIZATION:	
	TYPE OF AWARD:	
	YEAR:	
	ACHIEVEMENT:	

CHECK

PORTFOLIO: Letters or awards (photocopies).
--

SPECIALIZED ACTIVITIES AND ACHIEVEMENTS *(Continued)*

L

SITUATIONS IN WHICH YOU HAVE BEEN AN OCCASIONAL LECTURER, PANELIST, INSTRUCTOR OR TEACHER.

1.	FOR WHAT:	
	WHEN:	
	HOURS:	
	DESCRIBE YOUR PARTICIPATION:	

CHECK

2.	FOR WHAT:	
	WHEN:	
	HOURS:	
	DESCRIBE YOUR PARTICIPATION:	

CHECK

3.	FOR WHAT:	
	WHEN:	
	HOURS:	
	DESCRIBE YOUR PARTICIPATION:	

CHECK

PORTFOLIO: Appointments, Programs, Syllabi, Announcements, etc. Add hours of participation.

SPECIALIZED ACTIVITIES AND ACHIEVEMENTS *(Continued)*

M

1.

PROFESSIONAL PUBLICATIONS YOU READ ON A REGULAR BASIS:

--

CHECK

2.	PROFESSIONAL PUBLICATIONS YOU READ ON A REGULAR BASIS:
	CHECK <input type="checkbox"/>

3.	PROFESSIONAL PUBLICATIONS YOU READ ON A REGULAR BASIS:
	CHECK <input type="checkbox"/>

4.	PROFESSIONAL PUBLICATIONS YOU READ ON A REGULAR BASIS:
	CHECK <input type="checkbox"/>

SPECIALIZED ACTIVITIES AND ACHIEVEMENTS *(Continued)*

N	1.	PROFESSIONAL LICENSES/CERTIFICATES:
		CHECK <input type="checkbox"/>

2.	PROFESSIONAL LICENSES/CERTIFICATES:	
		CHECK <input type="checkbox"/>

3.	PROFESSIONAL LICENSES/CERTIFICATES:
CHECK <input type="checkbox"/>	

4.	PROFESSIONAL LICENSES/CERTIFICATES:
CHECK <input type="checkbox"/>	

<p>REFERENCES: Please include at least two references, three is better that can attest to your Ministerial background. Include Name, Position, Address, Email, and Telephone number.</p>
<p>REASON For Seeking Chaplain designation: Explain why you are seeking a Chaplaincy designation and in a written statement.</p>
<p>IDENTIFICATION: <u>Please provide a picture ID, such as a Drivers License, or Passport. Also submit a recent photo of good quality that can be used for Chaplain documents.</u></p>

Contact ICOF Chaplaincy
 info@icofchaplains.org
 +1 502 498 5325
 1901 Prestwick Dr,
 La Grange, KY 40031,
 United States
<https://icofchaplains.org>