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. <u>Check I the box</u> 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 <u>\$100 US Dollars</u> 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 <u>\$250 US Dollars</u> is required for the Chaplain Assessment.

Applicant's Signature

EDUCATION

Α								
1.	HIGH SCHOOL:							
	CITY & STATE:							
	DATE COMPLETED:							
2 .	HIGH SCHOOL:							
	CITY & STATE:							
	DATE COMPLETED:							
г								
3.	College/University NAME:							
	CITY & STATE:							
	ATTENDANCE (MONTH-YEAR):							
	Major:							
	DEGREE:							
	NO. OF CREDITS:						Снеск [
-								

4.	College/University Name:								
	CITY & STATE:								
	ATTENDANCE (MONTH-YEAR):								
	Major:								
	DEGREE:								
	NO. OF CREDITS:						(Снесь]

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

EDUCATION (Continued)

в				
1.	TECHNICAL/TRADE/MILITARY VOCATIONAL SCHOOL NAME:			
	ATTENDANCE (MONTH-YEAR):	FROM:	То	
	Major:			
	INSTRUCTIONAL CONTACT HOURS:			Снеск

2.	TECHNICAL/TRADE/MILITARY VOCATIONAL SCHOOL NAME:		
	ATTENDANCE (MONTH-YEAR):	FROM: TO:	
	Major:		
	INSTRUCTIONAL CONTACT HOURS:		Снеск

3.	TECHNICAL/TRADE/MILITARY VOCATIONAL SCHOOL NAME:		
	ATTENDANCE (MONTH-YEAR):	FROM: TO:	
	Major:		
	INSTRUCTIONAL CONTACT HOURS:		Снеск

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

EDUCATION (Continued)

С			
1.	Home Study Courses Correspondence School Name:		
	ATTENDANCE (MONTH-YEAR):		

SUBJECT:	
HOURS OF PREPARATION:	Снеск 🗖

2 .	HOME STUDY COURSES CORRESPONDENCE SCHOOL NAME:			
	ATTENDANCE (MONTH-YEAR):			
	SUBJECT:			
	HOURS OF PREPARATION:			Снеск 🗖

3. HOME STUDY COURSES CORRESPONDENCE SCHOOL NAME: ATTENDANCE (MONTH-YEAR): FROM: TO: TO: SUBJECT: Units of PREPARATION: HOURS OF PREPARATION: CHECK

PORTFOLIO: Certificates, Transcripts, Diplomas (photocopies).

CHAPLAIN/MINISTERIAL HISTORY:

Start with first assignment and progress in chronological order.

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

2.	ASSIGNMENT NAME:							
	DESCRIPTION:							
		From			То			
	PERIOD:	Month:		YR:	Month:		YR:	
	NUMBER OF MONTHS:							

3.	ASSIGNMENT NAME:							
	JOB DESCRIPTION:							
			FROM			То		
	PERIOD:	Month:		Yr:	MONTH:		YR:	
	NUMBER OF MONTHS:							

CHAPLAIN/MINISTERIAL HISTORY: (Continued)

D							
4.	EMPLOYER NAME:						
	EMPLOYMENT PERIOD:		FROM			То	
		MONTH:		YR:	MONTH:		YR:
	NUMBER OF MONTHS:						
5.	ASSIGNMENT NAME:						
	DESCRIPTION:						
	EMPLOYMENT PERIOD:		FROM			То	
		MONTH:		YR:	MONTH:		YR:
	NUMBER OF MONTHS:						

6.	ASSIGNMENT NAME:							
	DESCRIPTION:							
			FROM			То		
	PERIOD:	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.

1.	AAHEA/ICOF Use:			
	SPONSOR:			
	PROGRAM DESCRIPTION:			
	ATTENDANCE (MONTH-YEAR):	FROM:	To:	
	TOTAL HOURS:			Снеск 🗖

2.	AAHEA/ICOF Use:			
	SPONSOR:			
	PROGRAM DESCRIPTION:			
	ATTENDANCE (MONTH-YEAR):	FROM:	To:	
	TOTAL HOURS:			Снеск 🗖

3.	AAHEA/ICOF Use:				
	SPONSOR:				
	PROGRAM DESCRIPTION:				
	ATTENDANCE (MONTH-YEAR):	FROM:	To:		
	TOTAL HOURS:			Снес	ск 🗖

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

PERFORMING AND CREATIVE ARTS That relate to Chaplain/Ministerial:

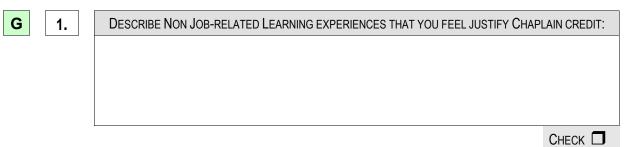
F		
1.	DESCRIBE PERFORMANCES IN WHICH YOU HAVE TAKEN PART, DESCRIBE WORKS YOU HAVE CREATED:	
	NAME DIRECTORS, PRODUCERS, OR TUTORS UNDER WHOM YOU HAVE WORKED:	
	AWARDS, PRIZES, AND HONORS:	Снеск 🗖

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:	Снеск 🗖

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:	Снеск 🗖

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

GENERAL LEARNING:



2.	DESCRIBE NON JOB-RELATED LEARNING EXPERIENCES THAT YOU FEEL JUSTIFY CHAPLAIN CREDIT:	
	Снеск]

3. DESCRIBE NON JOB-RELATED LEARNING EXPERIENCES THAT YOU FEEL JUSTIFY CHAPLAIN CREDIT:

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:	

5.	LANGUAGE:	
	SINCE (YEAR):	
	WRITE:	
	Speak:	
	Read:	

SPEAK: READ:

SPECIALIZED ACTIVITIES AND ACHIEVEMENTS:

I	MEMBERS	THIP IN PROFESSIONAL ASSOCIATIONS.
1.	NAME OF ORGANIZAT	ON:
	YEARS ACTIVE:	
	OFFICES HELD:	
	EXTENT OF ACTIVITY:	
		Снеск 🗖
2.	NAME OF ORGANIZAT	ON:

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

3. NAME OF ORGANIZATION:

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

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

SPECIALIZED ACTIVITIES AND ACHIEVEMENTS (Continued)

J

1.

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

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

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

Снеск 🗖

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

PORTFOLIO: Evidence of active participation – programs, etc.

SPECIALIZED ACTIVITIES AND ACHIEVEMENTS (Continued)

Κ		Awards, Citatic	ONS OR OTHER EVIDENCE OF ACHIEVEMENTS THAT HAVE BEEN RECOGI	NIZED.
		-		
1.	NAME OF (ORGANIZATION:		
	TYPE OF A	WARD:		
	YEAR:			
	ACHIEVEM	ENT:		
				Снеск 🗖
2.	NAME OF C	Organization:		
	TYPE OF A	WARD:		
	YEAR:			
	ACHIEVEM	ENT:		
				Снеск 🗖
3.	NAME OF C	Organization:		
	TYPE OF A	WARD:		
	YEAR:			
	ACHIEVEM	ENT:		
				Снеск 🗖
		Letters or award	te (nhataconies)	

PORTFOLIO: Letters or awards (photocopies).

SPECIALIZED ACTIVITIES AND ACHIEVEMENTS (Continued)

L	SITUATIONS IN WHICH Y	OU HAVE BEEN AN OCCASIONAL LECTURER, PANELIST, INSTRUCTOR O	R TEACHER.
1.	FOR WHAT:		
	WHEN:		
	HOURS:		
	DESCRIBE YOUR PARTICIPATION:		
			Снеск 🗖
2.	FOR WHAT:		
	WHEN:		
	HOURS:		
	DESCRIBE YOUR PARTICIPATION:		
			Снеск 🗖
3.	FOR WHAT:		
	WHEN:		
	HOURS:		
	DESCRIBE YOUR PARTICIPATION:		
			Снеск 🗖
POF	RTFOLIO: Appointments, I	Programs, Syllabi, Announcements, etc. Add hours of particip	

SPECIALIZED ACTIVITIES AND ACHIEVEMENTS (Continued)

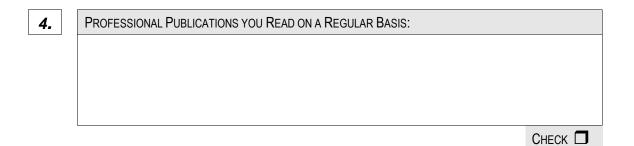
M 1.	PROFESSIONAL PUBLICATIONS YOU READ ON A REGULAR BASIS:	
	Снеск	

2.

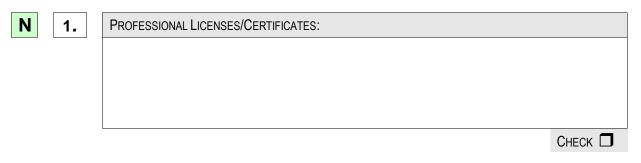
PROFESSIONAL PUBLICATIONS YOU READ ON A REGULAR BASIS:

Снеск 🗖

3.	PROFESSIONAL PUBLICATIONS YOU READ ON A REGULAR BASIS:	
		Снеск 🗖



SPECIALIZED ACTIVITIES AND ACHIEVEMENTS (Continued)



2.	PROFESSIONAL LICENSES/CERTIFICATES:	
		Снеск 🗖

3.

PROFESSIONAL LICENSES/CERTIFICATES:

Снеск 🗖

4.	PROFESSIONAL LICENSES/CERTIFICATES:		
		-	_

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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.

REASON For Seeking Chaplain designation: Explain why you are seeking a Chaplaincy designation and in a written statement.

IDENTIFICATION: <u>Please provide a picture ID, such as a Drivers License, or Passport. Also</u> submit a recent photo of good quality that can be used for Chaplain documents.

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