



National Association of Forensic Counselors
PO Box 8827, Fort Wayne, Indiana 46898
260-426-7234 – P 260-426-7431 - F
www.nationalafc.com nafc@locl.net



This form must be signed and returned with your application.

Name of Applicant: _____

____ Application completed in its entirety

____ Copy of degree and transcripts

____ Four reference forms

____ Copy of state license, if applicable

____ Payment

I have read and understand the minimum requirements for certification. I understand that if I submit an application for review and I do not meet the requirements for certification before examination is scheduled, my application will be denied and fees paid will be refunded with the exception of the \$25.00 application fee, which is non-refundable. I understand that if my application is accepted and certification is granted, that it is my responsibility to study all standards, guidelines, policies and procedures, code of ethics, and other materials pertaining to NAFC/ACCFC and my certification. By submitting my application, I agree to follow all standards, guidelines, policies and procedures, code of ethics, and other materials pertaining to NAFC/ACCFC and my certification.

I also understand that I must pass the NAFC/ACCFC certification examination. Once an examination is scheduled, no fees will be refunded. If I do not pass the certification examination, no fees will be refunded.

Signature of Applicant

Date

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This application must be completed in its entirety. Applications received that are not filled out completely cannot be processed. If you have any questions about the application, please contact us.

Date ____/____/____

(Choose only one): A separate application with supporting documentation is required for each credential. For applicants possessing a Master's degree or higher, the certification level is Clinical.

| | |
|---|---|
| ____ CCJS - Certified Criminal Justice Specialist™ | ____ CFC - Certified Forensic Counselor |
| ____ CSOTS - Certified Sex Offender Treatment Specialist | ____ CSMS - Certified Sentence Mitigation Specialist |
| ____ CDVC - Certified Domestic Violence Counselor™ | ____ CJTS - Certified Juvenile Treatment Specialist |

Name: _____
Last First Middle Initial

Address: _____
Street Address City State ZIP

Home Phone: _____ Work Phone: _____ ext: _____

E-Mail (valid email required) _____

REFERENCES: Give the complete names and addresses of four (4) persons. At least three (3) of your references must be persons engaged professionally in the addictions/sex offender field, one of whom has known you a minimum of two (2) years.

Supervisor: _____
(Name) (Title)

(Address) (City) (State) (Zip) (Telephone)

Past Supervisor: _____
(Name) (Title)

(Address) (City) (State) (Zip) (Telephone)

Co-Worker: _____
(Name) (Title)

(Address) (City) (State) (Zip) (Telephone)

Co-Worker: _____
(Name) (Title)

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Please include the last five years of paid or voluntary employment which are relevant to this application, starting with your present position. In the section PROGRAM TYPE, indicate In-Patient, Out-Patient, Screening, Detention, Corrections, Probation/Parole, etc.

| | | |
|---------------------------------------|-----------------------------|---|
| Job title: Program Name & Address: | Program Type & Description: | Working Hours/Week: _____ Employed From: ____/____ To: ____/____ Supervisor Name & Phone Number: |
| Job title: Program Name & Address: | Program Type & Description: | Working Hours/Week: _____ Employed From: ____/____ To: ____/____ Supervisor Name & Phone Number: |
| Job title: Program Name & Address: | Program Type & Description: | Working Hours/Week: _____ Employed From: ____/____ To: ____/____ Supervisor Name & Phone Number: |
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Y N Are you licensed or certified by any state for a profession?

If so, what state? _____ What profession? _____ License No. _____

Y N Have you previously applied for NAFC/ACCFC certification? If so, when and under what name?

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AFFIDAVIT

State Of: _____

County Of: _____

I, _____ do solemnly swear that I am the applicant named in this application, that I have made or read the contents thereof and to the best of my knowledge and belief, the foregoing answers and statements are true and correct.

I hereby authorize all persons listed as references in this application to release any information pertinent to my application.

I agree that abuse of alcohol and/or other drugs is not acceptable behavior for a certified counselor and, should circumstances indicate, I may be subject to additional review by the Certification Board.

I understand that the fee submitted herewith represents the preliminary application fee. The Board will require an additional fee for certification, coincident to the application and certification process.

I further agree to hold the National Association of Forensic Counselors and it's Certification Board members, officers, agents, staff and examiners free from any civil liability for damages or complaints by reason of any action that is within the scope and arising out of the performance of their duties which they, or any of them, may take in connection with this application, the attendant examinations and the grades with respect to any examination, and/or the failure of the Board to issue me said certificate.

I hereby affirm that I have read and agree that I will abide by the NAFC Code of Ethics, and I agree to submit to proceedings for any alleged violation of the same in accordance with the NAFC Constitutions and By-Laws. I understand that falsification of the contents of this application will be grounds for denial and/or revocation of certification, membership, and any and all benefits resulting there from.

I agree to report within 30 days of my notification any formal charge, complaint or conviction related to a criminal act or ethical violation, civil action or civil litigation professionally related, and any charge or complaint by another professional organization, including any and all corrective actions issued.

I understand that NAFC may use data resulting from my application and membership for research and statistical purposes only. I understand that NAFC may use information collected from my application and membership for research and statistical purposes only.

I agree that if my NAFC/ACCFC certification is suspended or revoked to comply with all directives of the NAFC Ethics Committee and/or Board of Governors and that failure to comply will result in the revocation of my certification.

I agree to notify NAFC/ACCFC within 30 days of any change of name, home/work address, place of employment, job title, home/work phone numbers and e-mail address.

 Signature of Applicant

 Date

Subscribed and sworn to before me this _____ day of _____ 20____ A.D.

My Commission Expires: _____ License No. _____

Notary Public: _____

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Credit Card Authorization Form
Visa, MasterCard, Discover only

I, _____, authorize NAFC/ACFC to charge my credit card in the amount listed below. I attest that I am an authorized user of the below card.

Name on Card: _____

Credit Card Number: _____

Billing address of Card: _____

Exp. Date: _____ CVV Code: _____

Amount to Charge: _____

Signature: _____ Date: _____



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Requirements

- 1). Must hold a – (clinical certifications, Masters degree) or (non-clinical certification, Bachelor degree) from an accredited educational institution. You must be state licensed in your profession unless exempted through legislation or your state does not have licensure in your profession.
- 2). You must have 270 hours of formal training.
- 3). You must have an additional 50 hours of formal training in HIV/AIDS and STD's.
- 4). You must have an additional 24 hours in legal issues and ethics in your profession.
- 5). You must have three years (6,000 hours) of supervised fulltime experience working with criminal offenders.
- 6). You must successfully pass the NAFC/ACCFC certification examination.

Further Requirements

- 1). Reference forms- attached to completed application in sealed envelopes
- 2). No misdemeanor or felony arrests for any sexual offense or violent crime.
- 3). Copy of your degree and state license/certification attached to completed application.
- 4). Have no reprimands or suspensions of your state license or state certification.

Examination Information

The certification examination is multiple-choice, and has 150 questions. The scope of the examination covers common-core knowledge in the particular area, and there is no specific study guide available. However, there are reading materials that are highly recommended by the NAFC while preparing for the examination. NAFC examinations are scheduled online and are administered at over 270 ACT testing sites throughout the U.S. and Canada. Because the NAFC has nationally accredited certification programs, the administration of examination must follow the most stringent guidelines.

Suggested Reading Material for Examinations:

Forensic Counselor/Criminal Justice Specialist – Contemporary Assessment and Treatment of Adult Criminal Justice Clients – by Francis J. Deisler, Ph.D.

Addictions – Substance Abuse: Information for School Counselors, Social Workers, Therapists, and Counselors (2nd Edition) – by Gary L. Fisher

Domestic Violence – When Violence Begins at Home: A Comprehensive Guide to Understanding and Ending Domestic Abuse – by K.J. Wilson

Sex Offender Treatment Specialist – Assessment and Treatment of Sex Offenders: A Handbook – by Anthony R. Beech, Leam A Craig, and Kevin D. Browne

Gambling Addictions Counselor – This Must Be Hell: A Look at Pathological Gambling – by Hale Humphrey, Ph.D.

Juvenile Sex Offender Treatment Specialist – The Juvenile Sex Offender (2nd Edition) – by Howard E. Barbaree, Ph.D., and William L. Marshall

Group Therapy Specialist – Group Therapy Approaches for Working with Criminal Justice Clients – by Francis J. Deisler, Ph.D.

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Applicants Name & Address: _____

Credential Seeking
(Please Check Box)

- | | |
|--|---|
| <input type="checkbox"/> CCJS- Certified Criminal Justice Specialist | <input type="checkbox"/> CFC- Certified Forensic Counselor |
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I, _____, grant my permission for _____, to
Name of Applicant **Name of Reference**

render an honest appraisal of my ability and/or potential work in the forensic counseling field. NAFC and my references are both authorized to release information to each other regarding my appraisal and all parties involved in the certification process are released from civil liability in connection with this appraisal.

 Signature of Applicant

 Date

- Reference -

Please indicate on this form the following regarding the applicant. Thank you for taking the time to assist the applicant in the certification process.

I. How long have you known the applicant? _____

If the applicant has been employed by your agency, how long? _____

II. To your knowledge, has the applicant abused or misused alcohol or other drugs while rendering professional service and character to the field of forensic counseling? If so, please explain.

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III. Please comment on the applicant’s ability or potential to work with offenders.

IV. Do you know of any reason why this person would not be suitable to work with offenders? If so, tell us why.

V. Relevant to the preceding evaluation:

- I can recommend this applicant for certification.
- I cannot recommend this applicant for certification.

If you cannot recommend the applicant for certification, please tell us why.

If you have any additional comments that you believe will help the Certification Board evaluate the applicant for certification, please list them:

Reference

Printed Name: _____

Agency: _____

Address: _____

Phone: (____) _____

 Reference Signature

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