

ENROLLMENT APPLICATION
for the NCCA Master's & Doctoral Degrees in Christian Counseling
offered through Reality Counseling Center

Date of Application: _____

PERSONAL DETAILS

Full Name of Applicant: _____

Address (line 1): _____

Address (line 2): _____

City/town: _____ State/Province: _____

Zip/Postal code: _____ Country: _____

Preferred Phone Number(s): _____

Email address: _____

Date of birth: _____ Gender (mark X): M _____ or F _____

Marital Status (mark X): Single _____ Married _____ Divorced _____ Widow(er)ed _____

EDUCATIONAL HISTORY

High school diploma awarded by: _____ Year: _____

Associate's degree awarded by: _____

Year: _____ Major: _____

Bachelor's degree awarded by: _____

Year: _____ Major: _____

Master's degree awarded by: _____

Year: _____ Major: _____

Doctoral degree awarded by: _____

Year: _____ Major: _____

QUESTIONS (If additional space is required to answer these questions, please attach extra sheets of paper...)

1. How did you become a Christian?

2. What year did you become a Christian? _____
3. Do you hold ministerial credentials? If so, what are they? _____

4. If so, by whom and when were they granted? _____

5. Any felony convictions in your past? Explain...
6. What is your current occupation? _____
7. Why do you want to become a Christian Counselor, or train further in this field?
8. What training in counseling, if any, have you already had?
9. What experience have you had dealing with the emotional and spiritual issues for other people?

10. Please share your immediate goals for your counseling ministry:

11. Do you plan to be involved in an existing ministry, or are you considering establishing a counseling ministry?

12. Please share how you discovered Reality Counseling Center (search engine, a friend, a minister, etc): _____

13. Any other remarks, suggestions, questions, or anything else we should know?

Please send completed application to:
Reality Counseling Center, 4430 Cinosam Pines Road, Brainerd, MN 56401

