



# National Christian Counselors Association of Olympia

## ENROLLMENT AGREEMENT

I want to enroll in program number:

 1 2 3 4 5

Name \_\_\_\_\_  
(please print for certificate)

Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female  
mo. day yr.

Address \_\_\_\_\_  
Street or P.O. Box

\_\_\_\_\_ U.P.S. Shipping Address

\_\_\_\_\_ City State Zip

\_\_\_\_\_ City State Zip

Telephone: Home ( ) \_\_\_\_\_

Work ( ) \_\_\_\_\_

Cell ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

### Please Complete the Following Statements

I have been a Christian for \_\_\_\_\_ years. I graduated from high school in \_\_\_\_\_(year).

Course Supplemental  
Format Preference

Did you graduate from college?  Yes  No If yes, give year, degree earned and major from:

DVD  VHS

\_\_\_\_\_  
(name of college or university)

Do you hold a Masters Degree?  Yes  No Name of College? \_\_\_\_\_

What was your Major? \_\_\_\_\_

Doctorate degree?  Yes  No Name of college? \_\_\_\_\_

What was your Major? \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No If yes, please explain in detail and attach.

Are you a licensed, commissioned or ordained minister?  Yes  No Year licensed/commissioned/ordained: \_\_\_\_\_

Denomination: \_\_\_\_\_ My spouse's name is: \_\_\_\_\_

My current occupation is: \_\_\_\_\_

### Credit Card Information/Authorization

If you prefer to give your Credit Card info over the phone please call our office at 360-438-6678

Visa

MasterCard

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Name on card \_\_\_\_\_

Signature \_\_\_\_\_

Please provide credit card billing address if different from above:  
\_\_\_\_\_

### Method of Payment

**Option 1** I am providing my credit card information and I authorize you to charge the \$75 enrollment fee. And, if my application is approved, I also authorize you to charge the standard tuition fees and the S&H fees for the first course to this credit card as soon as they are shipped. I understand that the N.C.C.A. will ship one course at a time, unless otherwise instructed. I also authorize you to charge all future courses to this credit card when shipped.

**Option 2** \*I am enclosing my personal check in the amount of \$375. I will pay for each invoice within 30 days. I understand that the N.C.C.A. will ship one course at a time, unless otherwise instructed.

\*Foreign applicants must submit payment by credit card only.

**Please respond (on a separate sheet) to the following questions and return with your Enrollment Agreement**

1. Why do you want to be a counselor?
2. What formal/informal training in counseling have you had?
3. Why do you believe that this program will be of benefit to you?
4. Do you have experience in dealing with people with spiritual or emotional problems?
5. What are your goals for a counseling ministry?
6. How do you know that you are called/suited for the counseling ministry?

**All candidates must provide the N.C.C.A. with the following prior to completion of program:**

1. A copy of the highest diploma, certificate or degree earned and related transcript. **Needs to accompany this application.**
2. A current resume including any background in counseling or areas of interest in counseling and a recent photo.
3. Proof of Ordination or Minister's License in the form of a photocopy or official letter. (If applicable.)
4. Three reference forms (provided by N.C.C.A. with first course).
5. A letter of reference from your pastor or an elder in your church.

NOTE: The Candidate Evaluation Committee will not recommend anyone for certification or license whose student file is incomplete. N.C.C.A. will conduct a background check on all candidates prior to awarding the license.

### Refund Policy

The N.C.C.A. tries to be more than fair to the candidate who enrolls in a program and then, for some reason, needs to discontinue their candidacy. We certainly do not believe that an individual should be charged for a service, or for training, which they have not received. Therefore, we hope to exceed normal standards with regard to fairness toward our students as outlined herein.

The enrollment fee of \$75 will be refunded in full if the applicant is not admitted into the training program by the Evaluation Committee. However, once accepted as a candidate by the Evaluation Committee, the enrollment fee is non-refundable.

If a course is returned to the N.C.C.A.'s headquarters in good (resalable) condition within fifteen (15) days of the date that it was shipped, the entire tuition for the course, less a \$25 restocking fee, will be refunded within thirty (30) days from receipt of the course.

### Please Tell Us How You Were Introduced to N.C.C.A.'s Ministry:

I completed the course Creation Therapy through

S.A.C.C. (Directly)

\_\_\_\_\_  
Name of Representative or School

I first heard about the National Christian Counselors Association from:

Internet  T.V. Ad  Radio  Christian Magazine  Pastor  Friend

Referred by (Name of Individual) \_\_\_\_\_

Other (Please Specify) \_\_\_\_\_

I have read, fully comprehend, and accept N.C.C.A.'s policies and procedures. I understand that before I can receive my certification or license, my entire tuition must be paid in full and that all required documents must be submitted.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Prospective Candidate

### Return Enrollment Agreement to:

N.C.C.A. of Olympia - Candidate Evaluation Committee  
212 Nisqually Cut Off RD SE  
Olympia, WA 98513  
360-438-6678  
360-438-7522 (FAX)