



NATIONAL BIBLICAL COUNSELING ASSOCIATION

Membership Packet



Dear Applicant:

Thank you for your interest in becoming a member of the NBCA. As a member, you will become part of our national referral directory in our diverse communities. In order to insure the highest quality standards for the NBCA, each member must complete and submit the enclosed application. Please feel free to make copies of the application should you know of others who would like to be considered for membership.

Following the review of your Membership Interest Form, you will be notified. Please send the Membership Interest Form to:

Christian Research & Development
Attn: NBCA Membership
27 W. Township Line Road, Suite 2
Upper Darby, PA 19082

Should you have questions, please contact Annette Hampton, Member Services, at 800-5511-CRD or 610-449-8112 or you may email Ms. Hampton at:

ahampton@christianstronghold.com

Thank you for your interest. We believe you will find membership in the NBCA to be of tremendous benefit.

Sincerely,

Dr. Willie Richardson

NATIONAL BIBLICAL COUNSELORS ASSOCIATION

What is NBCA?

National Biblical Counselors Association (NBCA) is a Christian organization which exists to promote excellence in biblical counseling through training, study of God's word, educational resources, and research. The goal of the association is to advance the word of God in counseling. NBCA promotes a holistic approach in counseling, that is, the healing of mind, body and spirit. The association provides training for both professional and lay counselors who are interested in relying on the Word of God to promote change in the lives of those they counsel.

Mission Statement

NBCA 'a mission is to advance the use of God's word in counseling and mobilize lay counselors for the body of Christ, partnering with professional and pastoral counselors.

Vision Statement

Our vision is to bring together those who interface and/or counsel specially African Americans for the purpose of learning, researching, and networking.

Who can become a member of NBCA?

NBCA is committed to equipping Christian counselors, both professional and lay, who are seeking to integrate the power of the word of God in their counseling settings.

Member Benefits

Seminars, Workshops & Conferences

NBCA members will receive a newsletter focusing on news relevant to Biblical counselors, informing of recommended books to read or tapes to order, promoting future workshops, seminars and conferences, highlighting counseling tips and techniques, spotlighting specific topical information and offering updates on the association activities. NBCA will encourage counselors to write and publish, thus aiding practitioners and clients.

NBCA Membership Certificate

This membership certificate chronicles your affiliation with the organization and emphasizes your commitment to Christian counseling.

Membership Discounts

Members of the association will be given discounted registration fees on regional and national conferences and will be alerted when Christian counseling books have been discounted.

10 REASONS TO JOIN NBCA TODAY!

Referrals

Be listed on a National Registry for Biblical Counselors.

Spiritual Development

Therapist/counselors will have the opportunity to be fed from the precepts and principles of the Word of God on a continual basis.

Networking

Benefit from national partnerships with churches and counseling ministries.

Consultation

Through “Heart to Heart” ministry at our National Biblical Counselors Conference. Small groups networking at our National Biblical Counselors Conference. Have access to high caliber therapists and counseling specialists to consult and help strengthen your knowledge and skills.

Quarterly Newsletter

Receive ideas and information about innovative counseling techniques research information and biblical counseling centers.

Personal Development

Have the chance to participate in developing your gifts and talents and opportunities like consulting and public speaking through a Speakers Bureau.

Training

Attend regional and national workshops offered on cutting-edge counseling, clinical and practice management issues.

Financial Discounts

Save money through discounted rates on items such as:

- Books
- Audio Messages
- Future Conferences
- Workshops & Seminars

Credibility

NBCA membership places you in a special network of Christ-centered counseling professionals from all across the country!

Resources

Access information on books, audio messages and videos that will be helpful in developing your counseling skills. Members can receive the benefit of having their resource materials critiqued.

NBCA Membership Application

Male Female Date _____

Name: _____

Address: _____

Day Phone: () _____ Evening Phone () _____

E mail: _____

Yes, I would like to become a NBCA member Enclosed \$49.95 Membership Fee
(Checks payable to CRD)

I currently hold the following degrees:

None Counseling Certificate AA BA MA/MS/MBA Ph.D.

I have experience as: Social Worker Professional Counselor Lay Counselor

Church : _____

Denomination/Affiliation _____

Pastor's Name _____

Church Address _____

Church Telephone # () _____

Do you have a counseling center or ministry at your church? Yes No

Please list the counseling topics you would like to hear.

FOR OFFICE USE ONLY

Enclosed is \$ _____ Cash Money Order Check Credit Card

Staff Person

Spiritual Orientation

Please define your beliefs and feelings on the following questions. Attach more pages if necessary.

Do you consider yourself a Christian? _____

Who is Jesus Christ?

How does a person become a Christian?

Describe your belief about the Bible.

Describe your belief about the Holy Spirit.

Church membership or place of regular attendance: _____

Applicant's Name _____

Denominational Affiliations: _____

How do you use the spiritual disciplines in counseling? (prayer, Scripture, reading, fasting, mediation, etc.) _____

What role do you believe the local church has in the counseling process?

Personal Convictions

Please describe your biblical convictions and how you would counsel individuals who may be dealing with issues related to the following: Give scripture references. (Attach additional pages if necessary).

Divorce:

Remarriage:

Abortion:

Applicant's Name _____

Premarital & extra-marital sexual activities:

Homosexuality:

Marriage:

Euthanasia:

Child discipline:

Substance Abuse:

Applicant's Name _____

Please identify your areas of expertise.

- | | | |
|--|---|---|
| <input type="checkbox"/> Adult Children of Alcoholics | <input type="checkbox"/> Drug Abuse | |
| <input type="checkbox"/> Attention Deficit Disorder/ADHD | <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Post-Abortion |
| <input type="checkbox"/> Addictions | <input type="checkbox"/> Family | <input type="checkbox"/> Post Traumatic Stress |
| <input type="checkbox"/> Adolescents | <input type="checkbox"/> Financial | <input type="checkbox"/> Pregnancy Issues |
| <input type="checkbox"/> Adoption | <input type="checkbox"/> Gender Identity Issues | <input type="checkbox"/> Pre-Marital |
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Grief | <input type="checkbox"/> Psychological Assessment |
| <input type="checkbox"/> Anger Management | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Rape Recovery |
| <input type="checkbox"/> Career | <input type="checkbox"/> Homosexual Issues | <input type="checkbox"/> Ritual Abuse |
| <input type="checkbox"/> Children | <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Sexual Abuse |
| <input type="checkbox"/> Child Abuse | <input type="checkbox"/> Infidelity | <input type="checkbox"/> Sexual Addiction |
| <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> Infertility | <input type="checkbox"/> Sexual Dysfunction |
| <input type="checkbox"/> Co-dependency | <input type="checkbox"/> Learning Disabilities | <input type="checkbox"/> Singles |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Missionary Re-Entry | <input type="checkbox"/> Spiritual Problems |
| <input type="checkbox"/> Conflict Resolution | <input type="checkbox"/> Multiple Personality | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Obsessive/Compulsive | <input type="checkbox"/> Women's Issues |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Personality Disorders | <input type="checkbox"/> Men's Issues |
| <input type="checkbox"/> Disabilities | <input type="checkbox"/> Parenting | Other |
| <input type="checkbox"/> Divorce Recovery | <input type="checkbox"/> Pastors/Families | _____ |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Phobias | _____ |
| | <input type="checkbox"/> Physical Abuse | |

AREA OF SERVICE CHECK LIST

Please check the areas where you would like to serve:

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Journalism | <input type="checkbox"/> Stuffing Packets |
| <input type="checkbox"/> Audio Visual | <input type="checkbox"/> Liaison | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Brochure Design | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Volunteer Speaker |
| <input type="checkbox"/> Collating | <input type="checkbox"/> Photography | <input type="checkbox"/> Word Processing |
| <input type="checkbox"/> Editor | <input type="checkbox"/> Registration | <input type="checkbox"/> Writing Articles |

Applicant's Name _____