



APPLICATION FOR VBI CERTIFIED BIBLICAL COUNSELOR PROGRAM

Dear Potential Certified Biblical Counselor Candidate:

Thank you for your time and attention in filling out these forms. Your answers will be kept private and read only by the Registrar, the Program Director, and appropriate instructional staff members as needed. The information on this form is used to help us understand where each candidate is in their faith and practice.

Certified Biblical Counselors in our network come from a broad spectrum of the Christian faith. *Vancouver Bible Institute* is the Regional training Center for *IABC* (International Association of Biblical Counselors), and as such, we have a responsibility to ensure that those who eventually complete our program and apply for Certification with *IABC* will fit well within the network. Hence, while there are many doctrines of the Christian faith that are non-essential for salvation and diverse views are welcome, the essentials of the Christian faith are few and non-negotiable.

Please return these forms to registrar.tilc@live.com.
Thank you!

Name:		
Address:		
City:	State:	Zip:
Home #	Work #	Cell #

Single Married Separated Divorced Widowed

Years Married:	Years Divorced:	Years Widowed:
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If you are currently married, does your spouse know you want to participate in this program? Yes No

Level of Education

Some High School High School Graduate Some College College Graduate Trade School Graduate School

Email address: _____

6. What is your view of the relationship between modern psychology and the Christian faith?

7. Are you currently taking any prescription drugs? If so, which ones and for what purpose?

8. Are you currently taking any non-prescription drugs? If so, what help are you trying to find?

9. Are you at a time of great stress or important transition in your life? If so, please explain.

10. Have you ever had any serious thoughts about committing suicide, made a suicide plan, or attempted suicide?
If so, please describe how and when, as well as how you dealt with the matter.

11. Have you ever received counseling? Yes No

Type of Counseling	When	Focus	How long / # of Sessions
Pastoral Counseling			
Lay Counseling			
Biblical Counseling			
Licensed Professional			
Other			

12. Have you been diagnosed with a “mental illness,” including Obsessive Compulsive Disorder (OCD) or Bi-Polar Disorder (BPD) (also known as Manic Depressive Disorder), Anxiety/Panic Disorder, Clinical Depression, or similar? If so, what is/was the treatment protocol you follow(ed)? Do you see any reason why this condition would interfere with your ability to concentrate on the coursework material required for this group?

13. Is there anything else in your story that you think would be helpful for us in our review process, please include it here:

Thank you for your willingness to complete this Application. One of our staff will be in touch with you soon. It takes great courage to undertake this type and level of training, and we commend you for taking this step. We look forward to walking alongside you as you begin your journey to being and agent of God’s Grace and Truth to bring hope, healing, and wholeness in Him to those who need it.

Yours in Christ,
The Leadership of Vancouver Bible Institute