

ENROLLMENT APPLICATION
for the **NCCA Certificate 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?

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

