



IN HIS IMAGE

Institute of Counseling & Training

Enrollment Application Counseling Degree Training Program

Name _____ Date _____

Address _____
(Street or P.O. Box)

City _____ State _____ Zip _____

Telephone: Home _____ Work _____ Cell _____

Fax _____ E-mail _____

Social Security Number: _____ Date of Birth _____

Gender: Male Female

Marital Status: Married Single Divorced Widowed Cohabiting

Spouses Name: _____ # of Children _____

COMPLETE THE FOLLOWING STATEMENTS

I graduated from High School in _____ Diploma GED
(year)

I graduated from College Yes No

Associate _____ College _____ Year _____

Bachelor _____ College _____ Year _____

Master _____ College _____ Year _____

Doctorate _____ College _____ Year _____

Certificate programs _____ Year _____

Phone (813) 684-7927 Fax (877) 348-5186 4195 Tamiami Trail South #131 Venice, Florida 34293

I am a licensed / commissioned / ordained minister Yes No

Year _____ Denomination _____

My denominational preference is _____

My current occupation is: _____

Have you ever been convicted of a felony? Yes No

If yes, please explain in detail on a separate sheet of paper and attach to this application. A conviction does not necessarily disqualify you from enrollment in the program.

QUESTIONNAIRE FOR ENROLLMENT

Please respond (on separate sheet) to the following questions and return with your Enrollment Application.

1. Please describe your Christian walk: how long you have been a Christian, how you participate in your relationship with God, and how that relationship affects your life.
2. Why do you want to be a counselor?
3. What formal/informal training in counseling or ministry have you had?
4. Why do you believe this program will be a benefit to you?
5. Do you have experience in dealing with people with spiritual or emotional problems?
6. What are your goals for a counseling ministry?
7. How do you know that you are called /suited for the counseling ministry?

ADDITIONAL REQUIREMENTS (AFTER ENROLLMENT)

You will be prompted early in Phase I to provide the balance of the enrollment documentation requirements. In any event, all documentation must be received by the end of Phase I.

1. A copy of the highest diploma, certificate or degree earned and related transcript.
2. A current resume including any background in counseling or areas of interest in counseling and a recent photograph.
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 the N.C.C.A. with the first course).
5. A letter of reference from your pastor or an elder in your church, on church letterhead.
6. Other documentation, as needed.

Note: We will not recommend anyone for certification or license whose enrollment submission is not complete. All licensing candidates are subject to a National background check by the N.C.C.A.

REFUND POLICY

We do not believe that an individual should be charged for a service or for training not received. Therefore, we exceed normal standards with regard to fairness towards our students.

The \$50 application fee will be totally refunded if the applicant is not admitted into the training program. However, if accepted as a candidate, the \$50 application fee is non-refundable. If a course is returned in good (resalable) condition within 15 days of the date it was shipped, the entire tuition for the course, less a \$25 restocking fee will be refunded within 30 days from time we receive the returned course materials.

PLEASE TELL US HOW YOU WERE INTRODUCED TO THIS PROGRAM

Advertisement _____ (please specify) Internet _____

Referred by Individual _____
(Name of Individual)

Other (please specify): _____

METHOD OF PAYMENT

I am remitting \$50 for my enrollment application. I elect to pay for my first course separately.
I am remitting \$300 which covers my enrollment application, and my 1st Course.

Type of Payment Method
(please tell us how you will be paying for your Enrollment.)

Check enclosed Credit Card
(You may do this on our web site: www.InHisImageCounseling.org)

PROGRAM #

- | | | |
|--------------------------|------------------------------|---------------------|
| #1. Certificate/License | #2. License and B.A. | #3 License and M.A. |
| #4 License and Doctorate | #5 License and 2nd Doctorate | |

The acceptance process for each candidate is 7 business days from the time we receive your enrollment application. When accepted into the program you will receive an acceptance letter, and first course. If first course has not been paid for yet, you will receive it 7-10 days from the time we receive payment for the first course.

PAYMENT INFORMATION

Once enrolled, students will be required to pay for their courses and fees when due, as they go through the program. Each course will be paid for when it is ordered. You may pay for your courses with a credit card on our web site located at: www.InHisImageCounseling.org. We can also accept payment by mail in the form of a check or money order. The course will be shipped within 2 business days to the student.

Once you have completed this form, send it along with your payment to:

In His Image Institute of Counseling and Training
4195 Tamiami Trail South #131
Venice, Florida 34293
Fax (877) 348-5186 Phone (813) 684-7927

***** I have read, fully comprehend, and accept the policies and procedures of In His Image Institute of Counseling and Training. I understand that before I can receive my license, my school account must be paid (up to date), and all required documents submitted.***

Signature _____ Date _____