



13650 Fiddlesticks Blvd, Suite 202-165
Ft. Myers, FL. 33912

Enrollment Application

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 _____ (year).

Diploma _____ GED _____ I graduated from College _____ Yes _____ No.

Associates _____ College _____ Year _____

Bachelors _____ College _____ Year _____

Masters _____ College _____ Year _____

Doctorate _____ College _____ Year _____

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 requirements must be completed 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 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 the N.C.C.A. with the first course)
5. A letter of reference from your pastor or an elder in your church.
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 receipt of the returned course materials.

**PLEASE TELL US HOW YOU WERE INTRODUCED TO
IN HIS IMAGE COUNSELING AND TRAINING**

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, 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 at our web site: www.InHisImageCounseling.org through our on-line Course Catalog.)

PAYMENT INFORMATION

Once enrolled, candidates 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 through our on-line Course Catalog at our web site located at: www.InHisImageCounseling.org. We can also accept payment by mail in the form of a Check. The course will then be shipped to the student within 7-10 business days.

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

In His Image Counseling And Training

13650 Fiddlesticks Blvd.
Suite 202-165
Ft. Myers, FL 33912

*** I have read, fully comprehend, and accept the policies and procedures of In His Image 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** _____