




**Fellowship *of*
Biblical
Counselors**

*Application for
Currently
Certified
Biblical Counselors*



Thank you for your devotion to biblical counseling, and your desire to be part of the Fellowship of Biblical Counselors. Please respond yes or no to each of the statements below.

Applicant Affirmations

I am currently certified with IABC or ACBC, and have read and hereby indicate that I fully agree with the FBC Statement of Faith and the FBC Statement of Practice. Yes No

I understand that if at any time I no longer fulfill the FBC Statement of Faith or the FBC Statement of Practice, I no longer qualify as an FBC Certified Biblical Counselor. Yes No

I understand that the annual fee for FBC Certified Biblical Counselors is \$75.00, but that as a new fellowship, FBC is offering a gratis year. I understand that upon acceptance by FBC, I will receive an email with logon information to fbcounselors.net, which opens my payment portal, and I agree to logon and pay the renewal fee of \$75.00 prior to Feb 1 2021, and annually thereafter. (Renewal notices will be sent via email). Yes No

I understand that FBC certified biblical counselors are listed on the FBC website fbcounselors.com. I understand that my name, city, and state will be visible in the listing mentioned above, and that if I wish to make any further information visible, such as my picture, then I will make those adjustments to my listing when I am logged on. I understand that while my email address will not be visible, it will connect to an access form for any who desire to email me. Yes No

Select YES here if you agree to the above listing. Select NO here if you do not wish to be listed on the website. Yes No

Applicant Questions

Please answer the following questions, including Scripture references as needed. Should more space be required, please use a printed page. Those with current IABC certification as of 2019 may simply complete the last page.

1. Tell us about your personal relationship with Jesus Christ.

2. What do you personally believe about the condition and need of humanity?



Applicant Questions Cont'd

3. What do you personally believe about biblical counseling? What is the role of Scripture in? What is the role of the Holy Spirit?

4. What do you personally believe to be the role of psychology in biblical counseling?

5. What do you personally believe about the local church?

6. What are your goals or plans regarding biblical counselor training? Are you currently involved with an FBC Training Center? If so, please include the name of the Training Center Director.

Applicant Information

Title
Last Name
First Name
Date Of Birth
Cell Phone
E-mail

An email address is required for each person. Provide an email address which you agree may be visible on the website, fbcounselors.com. Please notify fbcsupport@fbcounselors.com immediately of any email address changes.

Address

Street Address
Address 2
City
State ZIP Postal
Country

Please provide the following information regarding your local church

Name of Church
Street Address
City
State ZIP Postal
Pastor's Name
Church website

By signing below you indicate that you have completed this form to the best of your knowledge, that you agree with the FBC Statements of Faith and Practice, and that your email address may be posted on www.fbcounselors.com.

.....
Date

.....
Signature

Submission instructions:

Attach a scan of this completed form via email to:

fbcsupport@fbcounselors.com.

Also, attach a copy of your current certification.

In the subject line, please type "Current CBC Application for your last name."

Alternately, print and mail along with a copy of your current certification to:

FBC Support, 11478 Main, Clarence NY 14031

