



**Association for Professional  
Healthcare Chaplaincy-APHEC**  
*...Advocating Professional Excellence in Chaplaincy Care*

**MEMBERSHIP APPLICATION FORM**

**CONTACT INFORMATION:**

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Work phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

I wish to apply for membership in APHEC as a:

- N10,000.00** Student Affiliate (enrolled at: \_\_\_\_\_)
- N20,000.00** Individual Member/Volunteer
- N25,000.00** Clinical Member
- N50,000.00** Organization Member

This information is gathered for statistical purposes and is requested but not required: \_\_\_\_\_ Female \_\_\_\_\_ Male

Denomination: \_\_\_\_\_

*All members receive the APHEC News Magazine, the Pastoral Care Journal, and other mailings.*

**FOR CLINICAL MEMBERSHIP ONLY**

Are you currently a member and upgrading to Clinical Membership? \_\_\_\_\_

What is your registration number? \_\_\_\_\_

I wish to apply for Clinical Membership in APHEC. I have included a payment of N25,000.00.

I completed at least 4 units of CPE at:

|     | Dates | Level | Center | Supervisor |
|-----|-------|-------|--------|------------|
| 1.) | _____ | _____ | _____  | _____      |
| 2.) | _____ | _____ | _____  | _____      |
| 3.) | _____ | _____ | _____  | _____      |
| 4.) | _____ | _____ | _____  | _____      |



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**ACCOUNTABILITY FOR ETHICAL CONDUCT  
POLICY REPORT FORM**

*For the purposes of this Policy, "member" refers to: APHEC Supervisors, Associate Supervisors, Supervisory Candidates, and Clinical Members.*

I certify that:

(a) no discipline or corrective action arising from a complaint of unethical or felonious conduct has been imposed on me, and no complaint against me for unethical or felonious conduct is pending in a civil, criminal, ecclesiastical, employment, or another professional organization's forum; and,

(b) I have never resigned, been transferred or terminated, nor negotiated a settlement from a position for reasons related to unethical or felonious conduct.

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature \_\_\_\_\_

If the above cannot be certified, please provide an account of the complaint including the forum, the charges, and the final outcome. Provide the names of people involved in the process whom you authorize to provide full information to **APHEC** representatives.

**Prior actions are not an automatic bar to APHEC membership. Each situation will be evaluated on its own merits by an Accountability Review Committee composed of the Executive Director, the Chair of the Professional Ethics Commission (PEC), the Chair of the Certification Commission, the PEC legal consultant, and a designated Board member.**

**APHEC** has the right to extend or deny candidacy status or membership regardless of previous complaints, other forum's findings or subsequent remedial actions according to the judgment of the named representatives to the Accountability Review Committee on behalf of the Association. If denied, the applicant may resubmit an application at a later time. Decisions are final and binding on APHEC. (*Attach pages if necessary.*)

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I understand that as a condition of membership in the Association for Professional Healthcare Chaplaincy I will provide to the Association timely notice of any complaint of unethical or felonious conduct filed against me. I agree to provide to the **APHEC** Professional Ethics Commission in a timely fashion the information it requests regarding the investigation, adjudication, dismissal or settlement of such complaint. Failure to report or provide accurate, full and truthful information may be grounds for discipline including removal of membership in the Association for Professional Healthcare Chaplaincy (**APHEC**).

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Current Membership Category \_\_\_\_\_

*CPE is not a trademark and variously accredited programs are advertised and offered. This application form has been approved and provided by the Association for Professional healthcare Chaplaincy (APHEC) Tel: 07032235594, 07053001072*