



US-NYS Chaplain Task Force

405 RXR Plaza, Uniondale, NY 11556

Tel: (718) 749-8534

Email: info@nysctf.org www.chaplains.care

APPLICATION FOR RANK PROMOTION

Print Your Name; _____
(as you would like it to appear on your promotion certificate)

Your Member ID # _____

CHECK THE CIRCLE FOR THE RANK YOU ARE APPLYING FOR:

- FIRST RESPONDER CHAPLAIN**
Submit this application along with a copy of your Crisis, Trauma and First Response Certificate from Spiritual Care Association.

- CERTIFIED CRISIS CHAPLAIN**
Submit this application AND a copy of your Crisis, Trauma and First Response Certificate from Spiritual Care Association AND your CPE Unit One Certificate.

- BOARD CERTIFIED CRISIS CHAPLAIN**
Submit this application AND a copy of your Crisis, Trauma and First Response Certificate from Spiritual Care Association AND your Board Certification certificate.

MAIL THIS FORM AND REQUIRED CERTIFICATES WITH A MONEY ORDER ONLY IN THE AMOUNT OF \$100 TO:

**US-NYSCTF
405 RXR PLAZA
UNIONDALE, NY 11556**

OR FILL OUT THE CREDIT CARD AUTHORIZATION FORM BELOW AND EMAIL THIS FORM ALONG WITH ALL REQUIRED CERTIFICATES TO info@nysctf.org

I authorize US-NYSCTF to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Name on Card: _____ Expiration Date: _____

Card Number: _____ Security Code: _____

Billing Address: _____ Zip: _____

Signature: _____ Today's Date: _____