

Please complete the Demographic Information on this form. If you are currently an ICF, CCE, EMCC, or IAC credential holder please skip to section IV and complete the application. Payment is required upon the submission of this application.

*This form is fillable using [Adobe Acrobat Reader DC](#). Enter your answers in the blue boxes that will be visible using the Fill & Sign option. Then SAVE AS using your name as the title for tracking purposes and email to [dircredentialing@christiancoaches.com](mailto:dircredentialing@christiancoaches.com) .*

You may also fill out manually, scan and email to [dircredentialing@christiancoaches.com](mailto:dircredentialing@christiancoaches.com)

**DEMOGRAPHIC INFORMATION**

<b>First Name</b>	<b>Last Name</b>	<b>Title</b>
<b>Street Address or Postal Box</b>		
<b>City</b>	<b>State/Province</b>	<b>Postal Code/Zip</b>
<b>Country</b>	<b>Email Address</b>	<b>Phone</b>
<b>Credential You Currently Hold ?</b>	<b>Credentialing Organization</b>	<b>Active CCNI Member?</b>

**1. COACH TRAINING**

**Training Organization 1:**

Training Organization 1: Total Coach Training Hours	Director Name
	Director Email
Training Organization 1: Name and Address	Training Organization 1: Certifications Granted

---

Training Org 1: Courses & Hours

---

Training Org 1: Courses & Hours Cont'd

---

**Training Organization 2:**

---

Training Organization 2 Total Coach Training Hours

---

Director Name

---

Director Email

---

Training Organization 2: Name and Address

---

Training Organization 2: Certifications Granted

---

Training Org 2: Courses & Hours

---

Training Org 2: Courses & Hours Cont'd

**Training Organization 3:**

---

Training Organization 3: Total Coach Training Hours

---

Director Name

---

Director Email

---

Training Organization 3: Name and Address

---

Training Organization 3: Certifications Granted

---

Training Org 3: Courses & Hours

---

Training Org 3: Courses & Hours Cont'd

---

**Total Coaching Hours of All Coach Training:**

**Additional Comments:**

---

2. Mentor Coaching

I have been mentor coached for at least 3 months by one or more professionally trained coaches

Mentor Coach 1 Number of Mentor Coaching Hours

Name of Mentor Coach 1

Mentor Coach 1 Address

Mentor Coach 1 Email

I have been mentor coached for at least 3 months by one or more professionally trained coaches

Mentor Coach 2 Number of Mentor Coaching Hours

Name of Mentor Coach 2

Mentor Coach 2 Address

Mentor Coach 2 Email

I have been mentor coached for at least 3 months by one or more professionally trained coaches

Mentor Coach 3 Number of Mentor Coaching Hours

Name of Mentor Coach 3

Mentor Coach 3 Address

Mentor Coach 3 Email

Training, Mentor and Coaching Hours Documentation:

Attach your Proof of Training Hours, Mentor and Client Coaching Hours logs plus your

Character and Personal References:

and

Mail to: dircredentialing@christiancoaches.com

**Proficiency Exam:****Upload Audio and Transcript of Recorded Coaching Sessions here****AGREEMENTS: Please indicate your agreement with the following by checking the box:**

- Agreement to the CCNI Definition of Coaching found at this URL: <https://christiancoaches.com/wp-content/uploads/2017/10/CCNI-Christian-Coaching-Distinctions.pdf>
- Agreement to the CCNI Code and Standard of Ethics found at this URL: <https://christiancoaches.com/wp-content/uploads/2017/09/CCNI-Code-of-Ethics.pdf>
- By submitting this application, I am agreeing to honor the decision of the Certification Review Board in granting certification.
- I understand the application materials will not be returned.
- I understand that I must pay the application fee before CCNI will review my application.

**Insert Payment Button Here:**