

**APPLICATION FOR NAVAC BOARD CERTIFIED CHAPLAIN
WITH A COMPETENCY IN PTSD COUNSELING**

1. PERSONAL INFORMATION

Name _____ Title _____
Mailing address _____
Work phone _____
Home phone _____
FAX _____
E-mail address _____
Current member of NAVAC? _____
VA Medical Center _____
Position _____

2. EDUCATIONAL BACKGROUND

College _____
Degree _____ Date _____
Seminary _____ Degree _____
Date _____
Further education _____

3. ENDORSEMENT

Endorsed by which faith group? _____
Date _____
(provide copy of current endorsement)
Ordained or commissioned? _____
When & where _____

**4. PROVIDE EVIDENCE OF 50 HOURS OF EDUCATION
IN PTSD RELATED TOPICS.**

5. SUPPORTING DOCUMENTS:

Provide a current letter of ecclesiastical endorsement.
Provide a letter from the Supervisor of Chaplains at the VA where you are

employed stating that you have completed 120 spiritual assessments for patients being treated for post traumatic stress disorder.

Provide two letters of recommendation from currently active members of the post traumatic stress treatment team stating that you have been active member of the treatment team for three years and stating that you have done one of the following:

- An in-service on spirituality
- Written a paper or article
- Done a research project

6. ANSWER THE FOLLOWING QUESTIONS (Short Answers)

1. Be able to define causes, symptoms, and recovery programs for post traumatic stress disorder patients and families.
2. Describe a spirituality plan that you devised and how it was successfully implemented for patient and family.
3. Describe a case in which you helped to bring out unspoken feelings.
4. How have you helped a patient to address unfinished business with regard to PTSD?
5. What is the chaplain's role on the interdisciplinary team?
6. In what way have you been an advocate for patient rights?
7. What is the role of the chaplain in treating PTSD?
8. How has culture or ethnic diversity affected how you treat a patient?
9. Do different substances (of abuse) impact the spiritual needs of a patient suffering from PTSD? If so, how do you think it impacts him/her.?
10. How do you reconcile it if your values differ with that of the patient?

Submit the Packet to:

NAVAC Certification Committee Chair
Chaplain David E. LeFavor, D.Min., BCC
Dayton VA Medical Center; Code 125
4100 West Third Street
Dayton, OH 45428
E-Mail: David.LeFavor@va.gov

Include a check payable to NAVAC in the amount of \$50.00