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**Healthcare Chaplaincy Board (HCB)**

**Application for Certification as a Roman Catholic**

**Healthcare** **Chaplain**

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| **Title:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Surname:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Address:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Telephone:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Email:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Gender:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Nationality:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

1. **Recommendation**

A Recommendation from Local Ordinary (for priests), from Religious Superior: Congregational, Provincial or Regional (for religious and members of societies of apostolic life), and from a member of the Clergy in Local Parish (for lay persons) must be included with the Application for Certification by the HCB.

# Theology Degree(s)

1. **Primary Degree:**

**NFQ Level 8:** A Primary Degree in Catholic Theology: NFQ Level 8 is required for Certification as a Catholic Healthcare Chaplain by the HCB.

***Primary Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

Please include a Copy of the Degree Parchment and Transcript with this Application

***Other Qualifications in Theology (If Applicable)***

***Degree / Masters / Licence / Diploma: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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The Theological Appointee of the Irish Bishops’ Conference to the Healthcare Chaplaincy Board will evaluate all theological qualifications, in light of the requirements cited in the *Standards for Certification: Catholic Healthcare Chaplains,* and advise the board accordingly.

# Clinical / Pastoral Formation

**Please complete Section A, B or C as appropriate**

**Section A: Masters or Higher Diploma in Pastoral Theology (Healthcare Chaplaincy) NFQ Level 9**

**Academic Institution: Pontifical University St. Patrick’s College, Maynooth**

**Clinical Pastoral Education Internship:**

***Please include copy of Masters Degree or Higher Diploma Parchment and Copy of Transcript from St. Patrick’s College, Maynooth***

***And***

***Copy of Report from Hospital where Clinical / Pastoral Internship took place***

**Section B:** **Three Units of Clinical Pastoral Education**

## Unit 1 (Level 1)

***Centre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Accrediting Body: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Unit 2 (Level 1)**

***Centre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Accrediting Body:******\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

### Unit 3 (Level 2)

***Centre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Accrediting Body: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Please include Certificates Confirming Successful Completion of Two Units of CPE at Level 1 and One Unit of CPE at Level 2***

## Section C: Ordination to Priesthood following Third Level Seminary Pastoral Formation

**Date of Ordination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name and Address of Seminary Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pastoral Experience since Ordination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please Include Transcripts from Seminary Formation Programme and Evidence of Five Years Pastoral Experience with Supervision****.***

## Certification Fee: €200; Payable to the Hierarchy General Purposes Trust

***A non-refundable Certification Fee of €200 payable to the Hierarchy General Purposes Trust needs to be included with the completed application form.***

**Please send completed application form and supporting documents to:**

**Secretary: Healthcare Chaplaincy Board (HCB) Council for Healthcare Office Irish Bishops’ Conference Columba Centre Maynooth Co. Kildare W23 P6D3**

**Phone: 01-5053165**

### E-mail: pat.odonovan@iecon.ie