



National Association of Jewish Chaplains

Information and Application

(Please print or type. Use additional paper if necessary. See the other side for NAJC information.)

ONLY COMPLETED APPLICATIONS WILL BE CONSIDERED.

Title, Name: _____

Home Address: _____

City, State, Zip Code: _____

Home Telephone Number: _____ Work Telephone Number: _____

FAX: _____ E-mail: _____ Cell: _____

Preferred Mailing Address (if different from above): _____

Name and Address of Primary Employer of Institution/Agency Setting*: _____

Job Title: _____

Type of Chaplaincy Setting: (See below for codes) _____

If involved in more than one type of chaplaincy setting, list the additional settings (by codes): _____

Advanced Jewish Education (Masters Level or Higher) (list institutions, degrees, or certificates and year of completion for each): _____

Advanced Secular Education (Bachelor or Higher) (list institutions, degrees, or certificates and year of completion for each): _____

Chaplaincy Training (2 units of CPE required of **regular members**) Please describe: _____

I am applying as a(n) _____ (membership type) and am enclosing the annual dues for the current fiscal year in the amount of \$_____.

See other side of this form for the details of the membership categories and dues amounts.

___ I wish to receive **ONLINE** the *Journal of Pastoral Care and Counseling* & am enclosing an additional \$20 for a subscription.

Signature _____ Date _____

Types of Chaplaincy Setting - codes

AC – acute care hospital (indicate if specialized)

CP – corrections, prisons

MI – military (Active Duty or Drilling Reservists only)

RE – retired [include code(s) for previous chaplaincy work]

ST – student/training program (indicate year & name of school/program)

LT – long term care (indicate: chronic disease, geriatric, nursing home, retirement/senior residence, other)

AD – chaplaincy administration

HS – hospice

MH – mental health

UC – university/college campus

HC – Healing Center

If serving in a congregational setting, include the code of CO. If your setting is not listed here, include code of OT and specify.

**Primary Employer is the one who employs you for the largest portion of your time and duties as a professional chaplain.*

NAJC:

- Sets certification standards and grants certification to qualified Jewish chaplains.
- Promotes the ongoing education and professional growth of Jewish chaplains.
- Advocates on behalf of Jewish chaplains and Jewish chaplaincy programs to other professional chaplaincy organizations, to rabbinic and cantorial associations, to seminaries, other educational institutions, health care facilities and to the community.
- Serves as a clearinghouse for professional full time and part time chaplaincy positions.
- Provides opportunities for mutual support and hevruta.

NAJC is open to a duly ordained rabbi or cantor or one with an equivalent Jewish educational background who serves as a Jewish Chaplain in an institutional or agency setting. NAJC Certified and Regular Members are required to have advanced secular education, advanced Jewish education and professional chaplaincy training. **A spouse, partner or significant other must be Jewish. One may join the NAJC as a Supporter without meeting all of the requirements of regular membership.** (See below.)

Certification in the NAJC indicates that the Chaplain has attained a high level of professional skill and experience. As a Certified Chaplain, she/he will be able to compete with all Certified Chaplains and obtain work in institutions where professional preparation is a prerequisite.

While the NAJC appreciates all categories of membership, I understand I have to be a Regular (Full) Member of NAJC for one year prior to applying to become a Board Certified Chaplain.

Certified Members, Members, Retired Members, Israeli Members, Student Members and Military Members are required to sign a confidential accountability form which is kept in the office.

Signature _____ Date _____

NAJC Membership categories with the minimum requirements and the annual dues for each level:

- A) **CERTIFIED MEMBER** - \$175 Base + .007% chaplaincy salary
 - A member who has been certified by the NAJC as a Jewish Chaplain
 - The requirements as a Member (listed below) and fulfillment of the NAJC certification requirements
- B) **MEMBER** - \$175 Base + .007% chaplaincy salary
 - Has advanced Jewish education (Masters Level or equivalent)
 - Has advanced secular education (Bachelors Level or equivalent)
 - Has chaplaincy training (2 units of CPE in a recognized program)
 - Is Jewish and identifies as a Jewish Chaplain whose spouse or life partner is also Jewish
- C) **SUPPORTER** - \$75
 - Supports aims of NAJC, but does not meet all requirements as listed above in Category B
- D) **STUDENT MEMBER** - \$36
 - Currently a full time Rabbinic/Cantorial student or in a full time CPE training program
- E) **RETIRED MEMBER** - \$50
 - A Certified Member of the NAJC **for at least one year** who becomes fully retired.
- F) **ISRAELI MEMBER**- \$36
- G) **MILITARY MEMBER** – \$36
 - Must be on Active Duty or an Activated Reservist. (Military members who are Regular or Certified Members pay Regular or Certified Member dues accordingly.)
- H) **INSTITUTIONAL NON-PROFIT SUPPORTER** - \$150.00
- I) **MAJOR SUPPORTER** - \$1,000.00

All categories receive NAJC mailings and may attend the annual conference and other meetings as convened.

I am a member of the following professional organizations:

1. _____ 2. _____

THOSE APPLYING IN MEMBERSHIP CATEGORIES A, B, D, E, F, AND G MUST COMPLETE AND RETURN THE ETHICS ACCOUNTABILITY FORM ON THE NEXT PAGE.

Return this application, Ethics accountability form, if required, and payment made payable to NAJC to: NAJC - Cecille Asekoff, Executive Vice President, 901 Route 10 - Whippany, NJ 07981 Phone: (973) 929-3168 FAX: (973) 884-9316 E-mail: casekoff@ujcnj.org

National Association of Jewish Chaplains
Accountability for Ethical Conduct

Part A: Please read carefully and complete Section I OR Section II.

Section I: I certify that (a) no discipline or corrective action arising from a complaint of ethical misconduct has been imposed upon me, and no complaint against me for ethical misconduct is pending in a civil, criminal, religious (*beit din*), employment, NAJC, or other professional organization's forum; and (b) I have never resigned, been transferred or terminated, nor negotiated a settlement regarding employment or membership in a professional organization for reasons related to ethical misconduct.

Signature: _____ Date: _____

Printed Name: _____

Section II: If the above cannot be certified, provide an account of the complaint(s) including the forum, charges, and final outcome(s). For each complaint listed, provide contact information for people involved in the process whom you authorize to give full information to NAJC representatives. Each situation will be evaluated on its own merits by designated members of the Professional Ethics Committee. Prior complaints are not an automatic bar to NAJC membership or certification. The NAJC has the right to extend or deny membership or certification according to the judgment of the designated committee, regardless of previous complaints, the findings of another forum, or the applicant/member's subsequent remedial actions. If denied, the applicant/member may resubmit an application at a later time. (Attach pages if necessary)

Signature: _____ Date: _____

Printed Name: _____

Part B: Please read carefully and sign below.

I understand that membership in the National Association of Jewish Chaplains requires accountability to the NAJC and its Code of Ethics (available from the NAJC office or on-line at www.najc.org). I understand that as a condition of membership in the NAJC, I will provide timely notice of any complaint of ethical misconduct filed against me. I agree to provide the NAJC Ethics Committee, in a timely fashion, the information it requests regarding the investigation, adjudication, dismissal or settlement of such complaint. I understand that failure to report or provide accurate, full and truthful information may be grounds for discipline including removal of membership in or certification by the National Association of Jewish Chaplains.

Signature: _____ Date: _____

Printed Name: _____