

# American Association of Pastoral Counselors PCS Program Registration Form

Name (first and last) \_\_\_\_\_

Date of birth \_\_\_\_\_

Address \_\_\_\_\_

City, state and zip code \_\_\_\_\_

Email Address \_\_\_\_\_

Preferred Telephone Number \_\_\_\_\_

## **Personal/Pastoral/Work History**

Please write and attach a summary, including any educational and professional credentials

or

Attach your CV

## **Goals and Expectations**

What are your expectations regarding the program? What are your goals?

The program being offered in two different locations, which one do you prefer  
(Massachusetts or New Hampshire)?                      MA                      NH

Grants are available. Would you apply for a scholarship?    Y    N

NB: By completing this form, you grant the AAPC Program permission for a formal background check

**FEES**

Registration/Deposit fee (nonrefundable): \$50

8-week program: \$600

**PAYMENT**

Pay registration fee (\$50) / program fee by check to the order of AAPC (American Association of Pastoral Counselors)

**MAILING ADDRESS**

Please print and fill the registration form, and mail it with the registration fee to:

Aaron Pawelek  
Pastoral Care Specialist Program  
15 Ermer Road, Suite 215  
Salem, NH 03079