

# LifeCare Reach Ministries

## Collaborative Counseling Team (CCT)

Mail to: 575 NE Channon Avenue \* Roseburg OR 97470

541.391.4322 \* lifecarecitychurch@gmail.com

### Annual Enrollment Agreement - CCT Training Program

Date \_\_\_\_\_ Print Full Name: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

My current occupation is: \_\_\_\_\_

I have been a Christian for \_\_\_\_\_ yrs. My home church: \_\_\_\_\_

Did you graduate from college? \_\_\_ Yes \_\_\_ No If yes, give year & degree \_\_\_\_\_

Are you a licensed or ordained minister? \_\_\_ Yes \_\_\_ No. If yes, **Provide a copy** with this Enrollment Agreement.

A criminal background check is required for all students & counselors. **Provide a copy** to LifeCare with this Enrollment Agreement.

#### **A. OVERVIEW FOR CCT TRAINING PROGRAM:**

I am enrolling in the Collaborative Counseling Team (CCT) Training Program.

1. I understand a non-refundable **Annual Enrollment Fee of \$30 is due every July**, and that new student enrollments are accepted year around with their fee due at time of Enrollment, and then again annually in July. I understand there is a **Training Session Fee of \$30 due for each training session**, with 18 total Training Sessions available per year. All checks are made payable to: **LifeCare**. **CAI students attend the Group Trainings free of charge, paying only the Annual Enrollment and any Private Training Sessions.**
2. I understand CCT Training includes these educational resources:
  - a. **Private Training Sessions** provided once a month for **personal growth education**
  - b. **Group Training Sessions** provided six times a year for **didactic & experiential education**
  - c. **Online Training Curriculum** provided as video and reading material for **intellectual & academic education**
3. I understand that: students schedule their own Private Training Sessions for 50 minutes each month rotating among supervisors; students attend Group Training Sessions for 5 hours the **3<sup>rd</sup> Saturdays of even months in Roseburg** and the **3<sup>rd</sup> Saturdays of odd months in Reedsport**; students study at their own pace using CCT Training Packets, Online Curriculum using various applications such as Facebook, Qrimp and Google calendar, and other training as assigned.
4. I understand the 18 Training Sessions provide 50 hours of credit from face-to-face education, and that the Online Training Curriculum provides another 50 hours of credit, for a total of 100 hours of credit annually.
5. I have read and understand this Enrollment Agreement. I understand there are various levels of providers, as described below. I understand CCT Supervisors assign team provider levels at their discretion based on documentation of degrees, licenses, annual CCT training participation in continuing education (CE) hours (10 minimum per year to be on the team):

Licensed Clinical Pastoral Counselor (LCPC)

Licensed Pastoral Counselor (LPC)

Certified Pastoral Counselor (CPC)

Certified Temperament Counselor (CTC)

Pastoral Christian Counselor (PCC)

Lay Christian Counselor (LCC)

Lay Christian Mentor (LCM)

Lay Student Counselor (LSC)

Masters Degree, Pastoral License, CCT Active Enrollment

Bachelors Degree, Pastoral License, CCT Active Enrollment

Pastoral License, NCCA Certificate, CCT Active Enrollment

NCCA Certificate, CCT Active Enrollment

Pastoral License, CCT Active Enrollment

CCT 200 hours minimum completed, CCT Active Enrollment

CCT 100 hours minimum completed, CCT Active Enrollment

CCT Active Enrollment

**The goal of all ministry related to guidance, therapy, counseling, mentoring and prayer support is to help people discover healthy ways to Experience and Extend Love.**

C:\Users\debbi\Dropbox\lcct\CCT Enrollment Agreement 121417.docx

[www.lifecarecounselors.com](http://www.lifecarecounselors.com)

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### **B. GUIDELINES FOR CCT TRAINING PROGRAM:**

Guidelines for all CCT counselors (licensed, pastoral, certified, lay & student):

1. maintain a personal relationship with Jesus Christ
2. attend private & group training sessions and participate in practicums to remain on the team & provide counseling services
3. receive supervision by Licensed Counselors designated by the LifeCare CCT Supervisors
4. be approved by the team Supervisors for each provider level of mentoring and counseling
5. understand that certification/licensure of counselors by outside agencies does not automatically constitute rights and privileges for counseling ministry with CCT
6. understand the "scope of practice" for all providers is limited by their individual licenses and certifications and will honor the Word of God, Scriptural Principles, Temperament Theory, Gestalt Processes, CCT policies and the overall team Mission and Statement of Faith
7. CCT members need to maintain a minimum of 10 hours per year of continuing education through CCT training, practicum work and/or supervisor assignments to remain an active member of CCT
8. no one is allowed to counsel outside of supervised training practicums without proof of personal liability insurance
9. all CCT team members are required to provide a copy of their Criminal Background Check Report to LifeCare CCT Supervisors

### **C. FINANCIAL POLICIES FOR CCT TRAINING PROGRAM:**

1. A Non-Refundable Annual Enrollment Fee of \$30 is due every July
2. \$30 Training Fee is required for all Private & Group Training Sessions (CAI Students attend Group Trainings free of charge)
3. There is no charge for the Online Training Curriculum
4. Make-up hours may be required for absences in the form of extra assignments
5. I understand that some training materials may need to be purchased if unavailable for loan
6. I understand there is no time pressure for completion of Online Training Curriculum and that students can complete the process as time allows

### **D. ENROLLMENT AUTHORIZATION FOR CCT TRAINING PROGRAM:**

My typed or written signature verifies I have read, comprehend & accept the policies and procedures provided in this Agreement.

Date: \_\_\_\_\_

\_\_\_\_\_  
Sign or Type Name to serve as an electronic signature

**MAIL signed Enrollment Agreement, a copy of your current Background Check, copies of counseling Certifications and Licenses, and Proof of Liability Insurance to:**

**LifeCare; 575 NE Channon Avenue; Roseburg OR 97470**

**Online Information:**

**<https://www.facebook.com/groups/LifeCareCounselors/>**

**[www.lifecarecounselors.com](http://www.lifecarecounselors.com)**

**[www.lifecarereachministries.com](http://www.lifecarereachministries.com)**

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