

**APPLICATION FOR “PROFESSIONAL COUNSELOR” STATUS**

- *This form is to be completed by the professional counselor who is applying to become an Exodus Professional Counselor (EPC).*

**Part A – Contact Information for the Exodus Website**

*Please provide the following information in the way in which you want it to appear on Exodus’ referral website.*

First and Last Name: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Signature \_\_\_\_\_

If you conduct office-counseling, please provide your *office* address:

\_\_\_\_\_  
\_\_\_\_\_

If you conduct phone-counseling, please provide your *mailing* address:

\_\_\_\_\_  
\_\_\_\_\_

Office Phone #: \_\_\_\_\_ Office Hours: \_\_\_\_\_

Office Fax #: \_\_\_\_\_ Appointments made by: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Internet Address: \_\_\_\_\_

**Part B – Contact Information for Director of Professional Counselors’ Network (Not for Publication)**

*Once you become an EPC, you will be required to stay in regular contact with Exodus’ “Director of Professional Counselors’ Network” (DPCN). If you desire to have the DPCN contact you at a different phone number or email address than provided above, please provide your preferred contact information below.*

Preferred Phone #: \_\_\_\_\_ Preferred Email Address: \_\_\_\_\_

### Part C – Academic Degrees

*In order to become an EPC, you must have completed at least a master's degree in a counseling related discipline from an accredited college or university, or state approved learning institution.*

Highest degree (Doctoral or Masters): \_\_\_\_\_

Field (e.g., Counseling, Social Work, Pastoral, etc.): \_\_\_\_\_

Accredited College or University: \_\_\_\_\_

*Along with this application, please submit a copy of your diploma (does not have to be an official transcript).*

### Part D – Licensure, Accreditation and/or Certification

In order to become an EPC you must provide a currently valid copy of at least one of the following four documents:

1. License from the state where you conduct your counseling (where necessitated by your state).
2. Applicants who are interning toward state licensing must provide appropriate verification that you are complying with the state's requirements for supervision (e.g., *Associate Licensed Counselor*).
3. Accreditation (national or state) in a counseling discipline.
4. Certification (national or state) in a counseling discipline.

Please list below all of the appropriate licenses, accreditations, and certifications that you want listed on Exodus' website contact information.

License(s), number(s), and date(s) of expiration: \_\_\_\_\_

Accreditation(s) and date(s) of expiration: \_\_\_\_\_

Certification(s) and date(s) of expiration: \_\_\_\_\_

*Please provide copies of each item listed above. If you are interning toward state licensing, then please provide a copy of your state's appropriate verification that you are complying with the state's requirements for supervision.*

### Part E – Membership in Professional Organizations and Referral Networks

*For internal use only. It is helpful for Exodus staff to know whether you are a member or referral counselor for other organizations. Please list all of the professional organizations/associations and referral networks you are a member of (e.g., NARTH, American Association of Christian Counselors, American Counseling Association, National Association of Social Workers, APA, Focus on the Family, New Life Ministries).*

### **Part F – Malpractice Insurance**

Please provide a copy of your current malpractice insurance policy (or certificate of insurance), indicating a minimum of \$1 million per occurrence and \$1 million aggregate.

### **Part G – Character References**

Please attach two character reference letters:

1. From someone who can attest to your personal faith in Jesus Christ, involvement in a local church, and level of personal accountability maintained.
2. From someone who can attest to your counseling skills.

### **Part H – Administrative Responsibilities**

Please explain how you ensure that each of the following responsibilities is met:

- Client record keeping
- Explanation of confidentiality to the client
- Explanation of your qualifications to the client
- Explanation of how you provide the client an “*Advanced Informed Consent*” that includes:
  - Explanation that same-sex eroticism per se is not considered a mental illness by any of the major mental health organizations.
  - Explanation that studies completed to date by researchers do not support any one particular theory for the origins of same-sex attraction and/or homosexual orientation.
  - Explanation of whether your counseling is appropriate for those clients who volitionally request help with distress over homoerotic impulses, homosexual behavior, or life satisfaction. Additionally, an explanation of whether your counseling is appropriate for those clients who volitionally request gay affirmative counseling.
  - Explanation of the alternatives to receiving professional therapy (e.g., religious-based support groups).
  - Ensuring that incoming clients certify that they have sufficiently been informed in advance, and that they are volitionally seeking the type of therapy that you provide.

**Part I – Counseling Experience**

Describe below your counseling experience in the area of providing counseling for the issue of homosexuality.

**Part J – Counseling Methods**

Describe your counseling foundational beliefs about what allows clients to effectively overcome their distress over same-sex attraction (ssa) issues. *Use additional sheets if necessary.*

Describe the counseling training you have received in working with clients who have ssa issues (e.g., supervision received; seminars attended; literature read; membership in organizations that specialize in this type of counseling; etc). *Use additional sheets if necessary.*

Describe your primary counseling methods in working with clients who have ssa issues. *Use additional sheets if necessary.*

### Part K – Counseling Services Available

Please indicate which of the following counseling populations and services which you believe you are especially experienced, specialize in, and are presently prepared to offer to clients who may immediately contact you. For each category that applies, please state approximately how many sessions with ssa clients you have conducted in your lifetime in that particular category:

- Counseling male youth (i.e., younger than age 18)
- Counseling male adults (i.e., age 18 or older)
- Counseling female youth (i.e., younger than age 18)
- Counseling female adults (i.e., age 18 or older)
- Providing individual counseling
- Providing group counseling
- Providing counseling from an office
- Providing counseling over the phone [note: in order to be listed in this category, you need to be experienced and prepared to conduct exclusive phone-therapy with clients from anywhere around the world]:

### Part L – Agreement with Exodus Policies and Expected Behaviors

Your signature below verifies that you have read and are in agreement with Exodus’ “Doctrinal and Policy Statements” (see at the end of this application). Additionally, your signature verifies that you are in compliance with the behavioral standards listed below.

- I have read and agree with Exodus’ “Doctrinal and Policy Statements”.
- In the past five years I have remained free from immoral sexual behavior (i.e., sexual behavior outside of one’s heterosexual marriage) and unhealthy emotional relationships (i.e., emotional dependency/co-dependency or seeking to meet the emotional needs of the EPC at the expense of the client).
- In the past year I have not engaged in any illegal drug use, nor abused legal drugs or alcohol in my role as a professional counselor.
- I do not presently engage in aversive therapies that are involuntary or experimental, nor any “touch/holding therapy”.

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part M – Exodus Conference Attendance**

If you have not previously attended at least one of Exodus’ annual conferences (i.e., either the Freedom Conference or the Leaders Conference), you must do so within the first three years of becoming an EPC.

Please list all Exodus conferences which you have attended:

**Part N – Annual Fee Payment**

EPC applicants must pay a non-refundable \$50 application fee, which will be applied as the annual fee if the applicant becomes an EPC.

*Your Payment Method:*

- CHECK
- VISA
- MASTERCARD
- MONEY ORDER

*Make Checks payable to Exodus International North America*

*Paying by Credit Card?*

CREDIT CARD NUMBER:

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NAME ON CREDIT CARD: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

*(Payment cannot be processed without Signature)*

**Please enclose the following:**

- Copy of your university or college diploma
- Copies of all indicated licenses, accreditations, and certifications
- Copy of your malpractice insurance
- Your two character reference letters
- Did you sign your agreement with Exodus’ “Policies and Expected Behaviors” (previously indicated in this application)?
- Payment of \$50 U.S. for the non-refundable application fee

*Mail this fully completed application to:*

<p><b>Exodus International</b>  <b>Attn: Director of Professional Counselors’ Network</b>  <b>PO Box 540119</b>  <b>Orlando, FL 32854</b></p>
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**Exodus International Network Standards  
For Admission and Retention as an  
Exodus Professional Counselor (EPC)**

1. **Academic Degree** EPC applicants must provide a copy of their diploma (does not have to be an official transcript) of at least a master's degree in a counseling related discipline from an accredited college or university, or state approved learning institution.
2. **Licensure, Accreditation, and/or Certification** EPC applicants and members must provide a currently valid copy of at least one of the following four documents:
  - 1) License from the state where they conduct their counseling (where necessitated by their state).
  - 2) Applicants or members who are interning toward state licensing must provide appropriate verification that the intern is complying with their state's requirements for supervision (e.g., *Associate Licensed Counselor*).
  - 3) Accreditation (national or state) in a counseling discipline.
  - 4) Certification (national or state) in a counseling discipline.
3. **Malpractice Insurance** EPC applicants and members must provide a currently valid copy of their malpractice insurance policy (or certificate of insurance), indicating a minimum of \$1 million per occurrence and \$1 million aggregate.
4. **Character References** EPC applicants must provide two character reference letters:
  - 1) From someone who can attest to the applicant's personal faith in Jesus Christ, involvement in a local church, and level of personal accountability maintained.
  - 2) From someone who can attest to the applicant's counseling skills.
5. **Doctrinal and Policy Statements** EPC applicants must sign an agreement with the Exodus doctrinal and policy statements.
6. **Inappropriate Behavior** EPC applicants and members must annually sign a statement that s/he:
  - 1) Has remained free from immoral sexual behavior (i.e., sexual behavior outside of one's heterosexual marriage) and unhealthy emotional relationships (i.e., emotional dependency/co-dependency or seeking to meet the emotional needs of the EPC at the expense of the client), for at least five full years prior to application, and during the year since last renewed as an EPC member.
  - 2) Has not engaged in any illegal drug use, nor abused legal drugs or alcohol in one's role as a professional counselor during the past year.
  - 3) Does not presently engage in aversive therapies that are involuntary or experimental, nor any "touch/holding therapy".
7. **Counseling Experience** EPC applicants must demonstrate experience in the area of providing counseling for the issue of homosexuality.

8. **Communication** The EPC member's first line of communication is with Exodus' "Director of Professional Counselors' Network" (DPCN), and therefore must return phone calls or emails from the DPCN as soon as possible. Additionally, members are strongly encouraged to participate in two EPC conference-call sessions each year. Finally, EPC members are encouraged to establish and maintain relationships with local Exodus support ministries, churches and pastoral counselors.
9. **Conference Attendance** If an EPC applicant has not previously attended at least one of Exodus' annual conferences (i.e., either the Freedom Conference or the Leaders Conference), s/he must do so within the first three years of becoming an EPC member.
10. **Fees and Renewals** EPC applicants must pay a non-refundable \$50 application fee, which will be applied as the annual fee if the applicant becomes an EPC member. EPC members must annually submit a renewal form, plus pay a \$50 fee.

## ***DOCTRINAL AND POLICY STATEMENTS***

### **DOCTRINAL STATEMENT**

We believe the Scriptures of the Old and New Testaments are the inspired Word of God, the final authority for doctrine, reproof, correction and instruction in right living.

We believe in one God, existing eternally in three Persons: Father, Son and Holy Spirit.

We believe in the deity of our Lord Jesus Christ, fully man and fully God, only-begotten Son of the Father. He was conceived by the Holy Spirit, born of the Virgin Mary, and lived a sinless life. He suffered under Pontius Pilate, was crucified, buried, and rose physically from the dead. He ascended to the right hand of the Father and will come again in power and glory.

We believe that faith alone in Jesus Christ as Savior and Lord frees us from the mastery of sin, and its consequences of death and eternal damnation. He assumed the penalty of death Himself, and enables us to live out of His resurrected life unto eternity.

We believe the Holy Spirit carries out this work of renewal in our lives, empowering us to grow in loving union with our Heavenly Father and to walk in obedience to His will.

We believe that the Church of Jesus Christ is formed of all those who know Him as their Savior and Lord, regardless of denominational beliefs.

### **POLICY STATEMENT**

Exodus International is a Christian organization dedicated to equipping and uniting agencies and individuals to effectively communicate the message of liberation from homosexuality, as well as how to effectively convey support and understanding to individuals facing the reality of a homosexual loved one.

Exodus upholds heterosexuality as God's creative intent for humanity, and subsequently views homosexual expression as outside of God's will. Exodus cites homosexual tendencies as one of many disorders that beset fallen humanity. Choosing to resolve these tendencies through homosexual behavior, taking on a homosexual identity, and involvement in the homosexual lifestyle is considered destructive, as it distorts God's intent for the individual and is thus sinful.

Instead, Christ offers a healing alternative to those with homosexual tendencies. Exodus upholds redemption for the homosexual person as the process whereby sin's power is broken, and the individual is freed to know and experience true identity as discovered in Christ and His Church. That process entails the freedom to grow into heterosexuality.

Central to this redemption is Exodus' desire to unite and equip the Church to carry out this healing process. Exodus bridges the gap between Christians who respond to homosexual men and women with ignorance and fear, and those who uphold homosexuality as a valid, Christ-centered lifestyle. To Exodus, both extremes fail to convey to the homosexual the fullness of redemption found in Christ – He who embodies grace and truth, and invites us to partake of Him.