



Association of Certified Biblical Counselors

Pastor/Elder Recommendation (For ACBC Fellow Application)

Pastor or Elder, please complete the fields below:

Counselor's Name:	Date:
Your Name:	Your Email:
Church Name:	
Are you the applicant's current pastor/elder? ____ Yes ____ No	

1. How long have you been, or were you, the applicant's pastor/elder or have served with him in leadership (include dates)? How well do you know the applicant?
2. In your opinion, what is the applicant's spiritual maturity level? How would you describe his ability to handle the Word of God and doctrine?
3. What do you think are the applicant's greatest strengths?
4. Are you aware of any skill weaknesses of the applicant that ACBC should consider?

5. Do you have any concerns about the applicant's life, marriage, past or current ministry, theological training, or beliefs that could be disqualifying factors?

6. In your opinion, does the applicant respect church leadership, and portray he would use biblical protocol for addressing issues with leadership?

7. Would you personally approve of the applicant to counsel and train counselors?

8. Do you have any additional comments?

Your Signature _____

<p>This document is not to be returned to the applicant. Please send it directly to the ACBC office at: Certification@biblicalcounseling.com</p>
--