



PACE APPLICATION

(1) Name _____

Degree/Title _____

Please show us above EXACTLY how you want your name and degree/title to be printed on your certification credential for Nationally Certified Custody Evaluator™(NCCE) and/or Nationally Certified Parenting Coordinator™(NCPC).

(2) OFFICE ADDRESS:

BUSINESS

NAME: _____

CITY: _____ STATE: _____ ZIP: _____

(3) RESIDENCE ADDRESS: (optional)

Street: _____

CITY: _____ STATE: _____ ZIP: _____

(4) Preferred Mailing Address: Office Residence

(5) What geographical area do you cover with the services that you offer?

(6) TELEPHONE: Office: (_____) _____ FAX (_____) _____

Residence: (_____) _____ EMAIL (all caps) _____

(7) I am licensed in the state(s) of:

_____ as a _____
_____ as a _____
_____ as a _____

Please enclose a photocopy of your license(s). **WORKING WITH COURT:** please enclose a letter, on court letterhead, verifying that you have worked with a family court for a minimum of two years.

(8) I am presently a member in good standing of a professional organization that has promulgated relevant standards of practice for my mental health specialty.

Please list organization(s) below:

(9) Have you ever been found guilty of malpractice or charged with an ethics violation that resulted in censure, suspension, probation or revocation of your license? YES NO

If YES, what is the present status of your license? (Additional documentation is welcome)

(10) POST SECONDARY EDUCATION:

Institution	Years Attended	Major Degree	Year Awarded
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(11) Are you listed in the *National Register of Health Service Providers*? YES NO

If YES, please send us a photocopy of the full page where you are listed.

(12) Please send us a copy of your latest and most complete CV. Please underline anything that you believe particularly qualifies you for the certification(s) for which you are applying (pre- or post-degree educational courses, supervised training, seminars, mediation experience, etc.)

(13) Please list any workshops or seminars that you have attended or given that would add to your knowledge base as a Nationally Certified Custody Evaluator™(NCCE) and/or a Nationally Certified Parenting Coordinator™(NCPC). Please list specific books you have read that you believe add to your qualifications. (Please include the full title and author.)

(Additional sheets can be used. Supporting documents can be included.)

(14) I am applying for: Nationally Certified Custody Evaluator™(NCCE)

I understand that I am required to have a minimum of two years custody evaluation experience, during which the applicant has independently conducted a minimum of five comprehensive custody evaluations

I have conducted approximately _____ comprehensive custody evaluations over a period of _____ years.

(15) I am applying for: Nationally Certified Parenting Coordinator™(NCPC)

I understand that I am required to have a minimum of two years experience working at a professional level with at least five sets of high conflict or litigating parents, providing services that have been described by various designations, including, but not limited to: parental coordinator, parenting coordinator, family coordinator, mediator, and reunification therapist.

I have worked at a professional level with approximately _____ sets of high conflict or litigating parents as described above over a period of _____ years.

(16) ENDORSEMENT MEMOS: Each Applicant must submit two Endorsement Memos They can accompany your Application or be mailed separately.

Please request Endorsement Memos from colleagues (mental health professionals, attorneys, judges, court personnel, mediators, etc.) who have knowledge of your experience. Applicants should choose colleagues who can comment (in general) on your career as a mental health professional and (specifically) as to the number of custody evaluations you have completed and/or the number of sets of parents for whom you have provided custody coordination services.

EXAMPLE:

LETTERHEAD OF ENDORSER

I hereby endorse the application of _____ to be accepted as a:

- Nationally Certified Custody Evaluator™ (NCCE)**
- Nationally Certified Parenting Coordinator™ (NCPC)**
- BOTH NCCE and NCPC**

I have known the applicant professionally for _____ years.

I have reviewed a copy of his/her application in detail, giving specific attention to # 3A (if it applies) and # 3B (if it applies) of PACE'S CURRENT CRITERIA:

3A. Nationally Certified Custody Evaluator™ (NCCE)

A minimum of two years custody evaluation experience, during which the applicant has independently conducted a minimum of five comprehensive custody evaluations.

3B. Nationally Certified Parenting Coordinator™ (NCPC)

A minimum of two years experience working at a professional level with at least five sets of high conflict or litigating parents, providing services that have been described by various designations, including, but not limited to: parental coordinator, parenting coordinator, family coordinator, mediator, reunification therapist, etc.

To the best of my knowledge, I believe the application has been completed honestly and thoroughly.

Signature: _____

Degree/Title: _____ Date: _____

(17)

I hereby make voluntary application to be certified as a

- Nationally Certified Custody Evaluator™ (NCCE)**
- Nationally Certified Parenting Coordinator™ (NCPC)**
- BOTH NCCE and NCPC**

I have reviewed the CRITERIA for CERTIFICATION and the Q & A section at the Application Site (www.pacehelp.com) and I attest to the fact that my training and experience qualifies me to be certified under the credential(s) for which I am applying.

Upon registration I agree that I am bound by the ethics of my mental health profession, by the state in which I am licensed (or the court where I am employed) and by any relevant standards of practice which may be adopted from time to time by PACE.

I agree to notify PACE of any changes in this application.

I authorize the exchange of information concerning this application with any professional societies or membership groups, any state licensing or certifying authorities, any educational institution, any court system, and any individuals or groups that, in the opinion of PACE, are relevant to the verification process of this application.

Signature _____ Date _____

(18) Fees. You have the option of paying your Annual Certification Fee every year or every six months. Please make your selection below.

NATIONALLY CERTIFIED CUSTODY EVALUATOR™ (NCCE)

ONE-TIME APPLICATION PROCESSING FEE: \$338 **\$169 during Vanguard Period**

ANNUAL CERTIFICATION FEE: \$198 every 12 months or \$109 every 6 months.
(If this Fee applies to you, please select the 12 months box or 6 months box above---default is 12 months)

NATIONALLY CERTIFIED PARENTING COORDINATOR™ (NCPC)

ONE-TIME APPLICATION PROCESSING FEE: \$338 **\$169 during Vanguard Period**

ANNUAL CERTIFICATION FEE: \$198 every 12 months or \$109 every 6 months.
(If this Fee applies to you, please select the 12 months box or 6 months box above---default is 12 months)

BOTH CREDENTIALS AT THE SAME TIME:

Nationally Certified Custody Evaluator™(NCCE) and Nationally Certified Parenting Coordinator™(NCPC)

ONE-TIME APPLICATION PROCESSING FEE: \$498 **\$249 during Vanguard Period** (Total for both applications)

ANNUAL CERTIFICATION FEE: \$298 every 12 months or \$159 every 6 months. (Total for both applications)
(If this Fee applies to you, please select the 12 months box or 6 months box above---default is 12 months)

(19) APPLICATION CHECKLIST

- Have you enclosed a photocopy of your current license, if any?
- WORKING WITH COURT:** Have you enclosed a letter from the Court indicating that you have worked with the Court for a minimum of two years?
- If you are listed in the *National Register of Health Service Providers* have you enclosed a photocopy of the page where you are listed?
- Have you enclosed your latest and most complete CV?
- If available, please enclose your business card.
- Have you requested two Endorsement Memos be sent to PACE? (It is OK for the Endorsement Memos to accompany this Application.)
- Is the application completed and signed?
- Have you enclosed the Application Processing fee and the first year Certification Fee?

Check # _____ enclosed for \$ _____ (Payable to PACE)

CREDIT CARD INFORMATION: VISA MC Amer. Exp Discover
NAME: _____
CARD #: _____
EXPIRATION: (month/year) ____ / ____ CVV: _____ ?
AMOUNT BEING CHARGED: \$ _____

Mail the Application, all supporting documentation, and payment to:

PACE
73 VALLEY DRIVE
Village of Furlong, PA 18925

OR FAX EVERYTHING TO:

215-794-3386

QUESTIONS? 800-633-PACE (7223) or staff@pace411.com