

BIBLICAL COUNSELING FACT SHEET

Please read, contact us if you have any questions and sign below.

1. CCTC is a nonprofit ministry that serves people who have problems they cannot handle alone. The range of issues is diverse and includes broken and dysfunctional marriages, parent-child relationships, depression, alcohol and drug abuse, and personal and interpersonal turmoil and distress.
2. Counselors have been intensively trained in the principles and practices of biblical counseling. *They are not trained psychotherapists or licensed professional counselors, nor do they practice psychological therapy.*
3. The Biblical Counselor maintains that Scripture provides practical, in-depth solutions to every attitude, behavioral and emotional problem. The counselor is committed to the position that Scripture provides the only authoritative rule of faith and conduct for life.
4. Counselors usually work in teams. Sessions are normally one hour and are conducted by a lead counselor assisted by one other. This allows for greater insight and objectivity in the counseling process and also helps train less experienced counselors. All counselors are under supervision and come to CCTC with the support and recommendation of their pastor or local church.
5. Confidentiality is respected. What occurs in counseling sessions may be discussed with other counselors or the leadership of your church, but only to the degree necessary to find further biblical solutions to the problems presented. Exceptions to this policy would involve situations where Scripture or Code of Virginia demands otherwise. In either case, the counselee will be informed prior to such disclosure. All such consultation will be conducted in accordance with the highest standards of biblical ethics.
6. CCTC believes in the total health needs of the counselee. Your counselor or instructor may recommend that you have a full or specified medical examination.
7. Upon completion of this document, mail or email it to:

Christian Counseling & Training Center, Inc.
2510 Professional Rd
North Chesterfield, VA 23235-3236
info@cctcinc.org
804.358.1343

The Counseling Coordinator will call to schedule an assessment appointment. The purpose of the appointment is to evaluate your situation and to offer recommendations. Options could include weekly counseling sessions, counseling courses, crisis intervention, and/or referral to another counseling organization.

8. Financial Considerations:

a. Please submit a \$75 administrative fee which covers your assessment appointment. Payment can be mailed to the above address or processed online at <https://give.cornerstone.cc/cctcinc>.

b. A donation of \$75 is suggested for each additional session following the assessment.

c. Tuition for CCTC courses described at <https://www.cctcinc.org/training> is set only to cover costs so that finances will not hinder anyone from enrolling.

d. If you are experiencing financial difficulty, please refer to the *Financial Resource Checklist* and *Financial Assistance Form*. Please give serious prayerful consideration to both of these forms as you determine how you might contribute to the counseling expense.

NOTE: No one is denied help due to lack of financial resources.

e. CCTC's costs exceed income from counseling and classes. As a nonprofit organization, CCTC depends on support from a variety of sources including the people we serve. This is a biblical means of support for continuing the work of ministry at taught in Galatians 6:6, Matthew 10:5-11, I Corinthians 9:14 and I Timothy 5:18). Upon completion of your counseling, recurring support to CCTC is greatly appreciated.

9. Come with high expectations. We believe that with your cooperation, the Lord will help you find a good and acceptable answer to the difficulty that prompted you to contact us.

10. We have already begun to pray for you and for those involved in your particular situation. Please begin to pray for us as well that we might know how best to serve you.

I, the undersigned, do testify that I have read and understand the above information.

Applicant Signature

Date

Spouse Signature

Date