

Board Certification: Its Requirements, Process, and Value - The Personal Experience of a Muslim Chaplain

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The Muslim population in the United States is growing steadily. According to estimates by the US Religion Census, the number of Muslims in the US reached approximately 4.45 million in 2020, comprising around 1.34% of the total population. By 2040, Muslims are projected to become the second-largest religious group in the country (Mohamed 2018). This demographic shift is likely to correspond with an increase in Muslim patients in US hospitals, underscoring the need for more well-trained Muslim chaplains. As highlighted by Abdulbaseer et al. in their 2024 national survey of Muslim patients' religious and spiritual needs in US hospitals (*Journal of General Internal Medicine*), chaplaincy remains one of the most consistently unmet needs for Muslim patients in clinical settings.

Chaplaincy can be an especially meaningful and spiritually resonant vocation for Muslims. It aligns closely with the Sunna of the Prophet ﷺ, who emphasized the virtue of visiting and comforting the sick, as described in a well-known *ḥadīth qudsī*.¹ Professional chaplaincy also offers a path to fulfill the communal obligation (*farḍ kifāya*) of caring for the ill and vulnerable.

Despite the growing demand, there is a notable discrepancy between the number of individuals who identify as Muslim chaplains and those who have achieved board certification. The Association of Muslim Chaplains reports that, while many Muslim chaplains hold certificates in traditional Islamic sciences, only six were board certified in 2019 (Association of Muslim Chaplains, n.d.). This shortfall underscores the critical need for structured pathways toward professional certification in Muslim chaplaincy.

For those pursuing chaplaincy as a profession or spiritual calling, Clinical Pastoral Education (CPE) is an essential step. More than a training program, CPE—when approached with sincere *niyya* (intention)—can itself become a form of spiritual practice. It invites deep self-reflection, the cultivation of humility, and meaningful engagement with

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¹ See *Ṣaḥīḥ Muslim*, no. 2569.

those whose spiritual lives may differ from one's own. These practices are deeply aligned with Islamic spiritual values, particularly those emphasized in the Qur'ān.

Reflection (*tafakkur*), contemplation (*tadabbur*), and the use of reason (*'aql*) are all recognized in Islamic tradition as paths to nearness with Allah. In Sūrat al-Ḥujurāt, verse 13, Allah says:

O humankind, indeed We have created you from male and female and made you peoples and tribes that you may know one another. Indeed, the most noble of you in the sight of Allah is the most righteous of you. Indeed, Allah is Knowing and Acquainted.

This Qur'ānic invitation to learn from human diversity reflects the very essence of CPE, which encourages caregivers to encounter difference with openness and curiosity rather than judgment. In this way, Islamic ideals and the ethos of professional chaplaincy are not only compatible—they are mutually reinforcing.

Importance of Board Certification

Board certification is an important step for Muslim chaplains in the United States; one that elevates both the quality of spiritual care offered and the visibility of chaplaincy as a profession across various sectors, including healthcare, education, the military, corrections, and emergency services. While board certification is encouraged across all of these settings, this article will focus specifically on healthcare chaplaincy, which reflects the professional experience of the authors.

At the heart of the certification journey is Clinical Pastoral Education (CPE), a core requirement that prepares chaplains to serve people of all backgrounds with compassion, integrity, and cultural humility. For Muslim chaplains, CPE offers a powerful opportunity to bring deep theological knowledge into a clinical context, meeting the needs of patients, staff, and institutions while upholding the highest standards of professional care.

The certification process also offers something more personal: a chance to turn inward. For this piece's authors, it invited a deeper exploration of our own practical theology and highlighted areas where we wanted to grow, not just as a chaplain but as a person. This kind of inner work is not a side note to chaplaincy; it is its beating heart. When we are grounded in our own formation, we are better equipped to be fully present with others in theirs.

The Role of CPE

Clinical Pastoral Education (CPE), a cornerstone of chaplaincy formation, offers far more than the application of practical skills. It is, at its core, a refining process, one that deepens a chaplain's capacity for spiritual care through lived experience, vulnerability, and thoughtful reflection. For many, it becomes a space of transformation, where theory and theology are tested and reshaped by real encounters with suffering, healing, and the unknown.

A deeply resonant element of CPE for Muslim chaplains is its emphasis on *muḥāsaba*: intentional self-examination. Whether in group settings or one-on-one

supervision, this practice invites chaplains to reflect honestly on their emotional responses, internal assumptions, and spiritual grounding. It prepares us to walk alongside others through moments of spiritual turbulence, doubt, and awakening—not by offering answers, but by cultivating the inner stillness and presence needed to hold space with sincerity and compassion.

Through this journey, chaplains learn to draw from both disciplined praxis and intuitive awareness, qualities the Islamic tradition refers to as *ḥuḍūr* (presence of heart) and *sukūn* (tranquility). These states aren't simply acquired; they are nurtured through deep listening, humility, and the willingness to be shaped by what we encounter in the sacred space between caregiver and care recipient.

In recent years, the expansion of online CPE programs² has helped make this formative experience more accessible to students who may not live near traditional training centers. While CPE lays the foundation, true growth as a chaplain continues well beyond the program's end. That said, the immersive nature of CPE can offer invaluable insight into one's readiness or unreadiness for the emotional and spiritual demands of professional chaplaincy.

For Muslims considering CPE, enter with sincerity and openness. Let your Islam—not just your knowledge of it, but the way it lives in you—inform your presence and guide your care. When you show up authentically, not only do you deepen your own experience, but you also enrich the learning environment for your peers and educators. Your voice, your questions, your context: they matter, and they are needed.

Competencies for Board Certification

There are several certifying bodies in the US, some of which are faith specific. An organization that is not faith specific is the Board of Chaplaincy Certification Inc. (BCCI),³ an affiliate of the Association of Professional Chaplains (APC). Its requirements and process are used for this article.

The competencies required by the BCCI are comprehensive, ensuring that certified chaplains are fully prepared for their future responsibilities. These skills include, among others, integrating personal spirituality with a theory of spiritual care and addressing skills and practice connected to human psychology and ethics. All certified chaplains are expected to have a high level of self-awareness; be able to acknowledge their own limitations, strengths, and biases; and maintain personal spiritual practices for their own well-being. Respect, openness, and non-judgmental care are paramount to this role.

While these competencies are robust, there is an ongoing discussion about the specific other competencies that may be particularly relevant or necessary for Muslim chaplains. For instance, integrating Islamic theological education into the CPE framework and identifying the additional skills required to address Muslim patients' unique spiritual

² For example, the Institute for Clinical Pastoral Training provides hybrid CPE programs, which include in-person elements combined with online instruction. See <https://www.icpt.edu/index.html>.

³ See <https://www.apchaplains.org/bcci-site/>.

needs are areas of interest. These discussions could guide the further development of this field, another great benefit to having more Muslim chaplains becoming certified.

The Process

The rigorous board certification process is designed to ensure that chaplains are well-prepared for the weighty responsibilities their role entails. Full certification with BCCI calls for at least a master's degree in a field related to chaplaincy, four units of CPE, 2,000 hours of post-CPE chaplaincy work experience (paid or voluntary), and mastery of twenty-nine competencies demonstrated in writing or during an interview.

Applicants submit clinical contact narratives based on real-life professional experiences, essays addressing each competency, letters of recommendation, a letter of endorsement from their faith group, and a comprehensive record of completed education and experience. An education equivalency process helps chaplains who attained their education outside of academia or a seminary. This involves compiling religious education done under a scholar or qualified imam and equating those experiences to up to 72 hours of graduate credits. The certification process culminates in an interview that thoroughly evaluates the chaplain's understanding and application of these competencies.

Although this process may seem daunting, it is proportionate to the critical nature of a chaplain's work. As chaplains are entrusted with their patients' most intimate moments during their most vulnerable times, spiritual care practitioners must have a clear understanding of their boundaries to prevent harm and promote well-being. This is directly aligned with the foundational Islamic ethic of enjoining good (*amr bi-l-ma'rūf*) and forbidding wrong (*nahī 'an al-munkar*). These ethical considerations are vital because chaplains are in positions of pastoral authority, where the potential for spiritual abuse (misusing a person's spiritual beliefs in a way that scares, manipulates, or tries to control someone) is a real risk. Without the rigorous training and self-awareness that derive from the certification process, chaplains could inadvertently cause harm by judging vulnerable persons, invalidating their emotions or experiences, or invoking inappropriate *fatwās*. Therefore, certification is not merely a credential, but a safeguard to ensure compassionate and ethically sound care.

The Value of Board Certified Chaplains

The role of healthcare chaplains in the US has evolved significantly. They were once primarily focused on providing religious services at the margins of healthcare teams. Now they are viewed differently. A recent consensus statement⁴ recognizes the "unique and essential" role of healthcare chaplains and their integration in the healthcare team as spiritual care specialists who support and advocate for patients, families, caregivers, and staff regardless of their religious or spiritual identity. The statement, developed by a panel including one of this article's authors, "describes what fully trained professional chaplains

⁴ See Handzo et al., 2023, "A Statement on the Role and Qualifications of Health Care Chaplains for Research and Quality," *Journal of Pain and Symptom Management* 65, no. 6 (June): e745–e755, <https://doi.org/10.1016/j.jpainsymman.2023.01.026>.

can, and are trained to, contribute to health care institutions and those they serve” (Handzo et al. 2023).

Board certification plays a key role in defining and standardizing these contributions. It ensures that chaplains have mastered a set of competencies, ranging from spiritual assessment and ethical reflection to interfaith engagement and interdisciplinary collaboration. This process reinforces the importance of practical skill alongside theoretical education, ensuring that chaplains are equipped to listen deeply and respond meaningfully to the complex spiritual needs of patients. While education lays the foundation, it is often the attentive presence of a chaplain—the ability to bear witness to suffering and meaning-making—that has the most profound impact on patients, families, and the teams who support them.

This is particularly significant for Muslim patients, whose experience of illness is often shaped by theological and ethical frameworks rooted in Islamic tradition. The Qur’ānic assurance that “with hardship comes ease” (Qur’ān 94:6) and the prophetic emphasis on visiting and caring for the sick (for example, see *Ṣaḥīḥ Muslim*, no. 2199) reflect a deep spiritual engagement with suffering. Chaplains trained in this context can offer support that affirms not only the emotional and psychological dimensions of illness, but also its spiritual and existential meaning. They help patients draw upon their faith in moments of vulnerability, offering compassionate presence grounded in *rahma* (mercy), *ihsān* (excellence), and *tawakkul* (reliance on God).

In the Islamic ethical tradition, the act of caring for the sick is a *farḍ kifāya*—a communal obligation (Al-Qaradawi 1999). Chaplains fulfill this obligation by ensuring that spiritual care goes beyond ritual and is integrated into the holistic delivery of care. Certified chaplains participate in clinical rounds, develop spiritual care plans, educate staff about cultural and religious practices, and offer support to caregivers experiencing burnout or moral distress (Cadge and Rambo 2022). They help build a more just and compassionate healthcare environment, where the dignity (*karāma*) of every individual is honored.

By focusing on spiritual assessments, board certified chaplains also enhance the quality of patient-centered care, ensuring that the patient’s voice is heard and respected throughout the decision-making process. In many cases, discussions about a patient’s needs occur primarily between medical teams and family members, without fully engaging the patient themselves. Yet it is often the patient who can best articulate their spiritual priorities and concerns. Certified chaplains are trained to attend to this inner life, helping foster an open, informed, and cooperative environment. In doing so, they support more ethical and spiritually responsive clinical outcomes—outcomes that align with the broader goals of both medicine and Islamic ethics.

For Muslim communities in the United States, the advancement of board certified Muslim chaplains is not only a matter of representation; it is a step toward fulfilling our collective responsibility to ensure that healthcare is delivered with justice (*‘adl*), compassion, and integrity. As the healthcare system continues to recognize the role of spirituality in healing, investing in the training, certification, and institutional integration of Muslim chaplains remains essential to holistic and dignified care.

Examples Demonstrating the Importance of Competencies

The following stories, drawn from the firsthand experience of one of this article's authors, illustrate how the competencies required for board certification manifest in practice. They highlight the nuanced ways spiritual care enhances patient-centered outcomes, alleviates emotional burdens, and upholds human dignity within healthcare settings.

One memorable encounter involved Mary, a 13-year-old girl diagnosed with a leg tumor. During her hospital stay, Mary was withdrawn: keeping her room dark, covering her head, and immersing herself in her phone. The medical team, concerned about her disengagement, considered a psychiatric consult. However, the nurse manager suggested a spiritual care assessment first.

Upon meeting Mary, I introduced myself and invited her to share about herself. Through attentive listening, she revealed her confusion over the medical information provided and the pressure she felt from her single working mother to comprehend and relay details from medical rounds. Recognizing the need for family involvement, I proposed that the medical team include Mary's mother via speakerphone during rounds, thereby reducing the communication burden on Mary and fostering a collaborative care environment.⁵

Addressing the room's darkness, Mary expressed discomfort about being visible from the adjacent building, especially given her mobility challenges. Advocating for her privacy and emotional comfort, I arranged for her to be moved to a room without external visibility, demonstrating respect for her personal boundaries and environmental sensitivities.⁶ When asked about any additional comforts, Mary wished for a milkshake, cheeseburger, and fries—simple pleasures reminiscent of her life outside the hospital. After confirming dietary appropriateness, I fulfilled her request, contributing to her overall well-being.⁷ These interventions, rooted in establishing and nurturing a professional spiritual care relationship, led to Mary becoming more engaged and upbeat during her stay.

Another poignant experience involved Omar, a 14-year-old boy from Yemen with a significant neck tumor. His parents had sought treatment globally, only to be informed at our hospital that surgical removal posed life-threatening risks. This prognosis deeply affected his family, particularly his father, who had to return to Yemen, leaving Omar and his mother with limited support in the US.

During our interactions, Omar and I discussed various topics, from friendships to soccer, always concluding with *du'ā'* (supplication). Over time, he confided his awareness of his impending death and his desire to recite the *shahāda* (bearing witness to Allah's Oneness) before passing, ensuring his entry into paradise. His primary concern, however, was for his mother's spiritual well-being, fearing her faith might crumble after his death.

⁵ **PPS2:** Provide effective spiritual support that contributes to the well-being of care recipients, including patients (or the relevant analogue in a non-healthcare setting), their families/friends, and staff (Board of Chaplaincy Certification, Inc. 2023).

⁶ **PPS3:** Provide spiritual care that respects diversity, relative to differences in race, culture, gender, sexual orientation, etc. (Board of Chaplaincy Certification, Inc. 2023).

⁷ **PPS1:** Establish, deepen, and conclude professional spiritual care relationships with sensitivity, openness, and respect (Board of Chaplaincy Certification, Inc. 2023).

In response, I developed a spiritual care plan that incorporated Omar's theological reflections and addressed his concerns.⁸ Noticing that his mother often left the room during our prayers, I began keeping the door open, creating an inviting atmosphere for her participation. Gradually, she joined our sessions, culminating in her active involvement in our *du'ā*, which brought immense peace to Omar.⁹ Omar passed away shortly after, but not before experiencing spiritual healing. A month later, his mother contacted me from Yemen, expressing gratitude and sharing that she had regained her faith despite the profound loss, underscoring the holistic impact of compassionate spiritual care.

Lastly, I encountered Maria, an elderly woman visibly distressed after being informed by her doctor that she had suffered a cardiac arrest. She misunderstood this to mean she had been legally arrested, an experience foreign to her. Utilizing my role as a chaplain, I clarified that the term referred to a heart attack, not a legal matter. Relieved, Maria requested a prayer, highlighting the chaplain's role in bridging communication gaps between medical professionals and patients, ensuring they feel understood and supported throughout their healthcare journey.¹⁰

Conclusion

These stories demonstrate how the competencies cultivated through CPE—and affirmed through board certification—do more than attest to a chaplain's qualifications. They shape chaplains into spiritually grounded, emotionally attuned, and professionally prepared caregivers. This formation equips chaplains to provide the highest standard of care, rooted in compassion, ethics, and cultural sensitivity. Without such preparation, chaplains may lack the tools to navigate the diverse and complex needs of those they serve, risking not only misunderstanding but also the possibility of spiritual harm.

Board certification is not merely a credential. It is a trust (*amāna*) that ensures our communities receive care that is safe, thoughtful, and dignified. It is a safeguard for quality, an investment in excellence, and a testament to our collective responsibility to honor the spiritual dimension of healing.

As more Muslim chaplains pursue board certification, we pray that their voices, perspectives, and lived faith will shape the field of chaplaincy in profound and lasting ways. May the depth of our tradition enrich chaplaincy education and may the presence of certified Muslim chaplains help meet the growing needs of our *umma* across the country.

⁸ **ITP1:** Articulate an approach to spiritual care rooted in one's spiritual tradition and integrated with a theory of spiritual care (Board of Chaplaincy Certification, Inc. 2023).

⁹ **PPS9:** Facilitate group processes in the provision of spiritual care (Board of Chaplaincy Certification, Inc. 2023).

¹⁰ **PPS2:** Provide effective spiritual support that contributes to the well-being of care recipients, including patients (or the relevant analogue in a non-healthcare setting), their families/friends, and staff (Board of Chaplaincy Certification, Inc. 2023).

References

- Abdulbaseer, Ummesalmah, Natasha Piracha, Mohamed Hamouda, Iman Farajallah, Samsiah Abdul-Majid, Shareif Abdelwahab, Warren K Teltser, and Aasim I. Padela. 2025. "Muslim Patients' Religious and Spiritual Needs in US Hospitals: Findings from a National Survey." *Journal of General Internal Medicine* 40, no. 2 (February): 376–384. <https://doi.org/10.1007/s11606-024-08960-y>.
- Al-Qaradawi, Yusuf. 1999. *The Lawful and the Prohibited in Islam*. American Trust Publications.
- Association of Muslim Chaplains. n.d. "Mapping Muslim Chaplaincy." Accessed March 27, 2025. <https://www.associationofmuslimchaplains.org/mapping-muslim-chaplaincy>.
- Board of Chaplaincy Certification, Inc. 2023. "Changes to Competency Verbiage." Published August 2023. <https://www.apchaplains.org/bcci-site/wp-content/uploads/sites/2/2024/02/Changes-to-Competency-Verbiage-Aug-2023.pdf>.
- Cadge, Wendy, and Shelly Rambo. 2022. *Chaplaincy and Spiritual Care in the Twenty-First Century: An Introduction*. University of North Carolina Press.
- Handzo, George, Rev. Danielle J. Buhuro, Robert Kidd, Reb. Naomi Tzril Saks, and Betty Ferrell. "A Statement on the Role and Qualifications of Health Care Chaplains for Research and Quality." *Journal of Pain and Symptom Management* 65, no. 6 (June): e745–e755, <https://doi.org/10.1016/j.jpainsymman.2023.01.026>.
- Mohamed, Besheer. 2018. "New Estimates Show U.S. Muslim Population Continues to Grow." *Pew Research Center*. Published January 3, 2018. <https://www.pewresearch.org/short-reads/2018/01/03/new-estimates-show-u-s-muslim-population-continues-to-grow/>.
- US Religion Census. 2020. Sponsored by Association of Statisticians of American Religious Bodies (ASARB), The Association of Religion Data Archives (ARDA), and Lilly Endowment, Inc. <https://www.usreligioncensus.org/node/1638>.

Appendix: Additional Resources

- Abdul Majid, Samsiah, and Lance D. Laird. 2019. *Mapping Muslim Chaplaincy*. Boston University.
- Abdul Majid, Samsiah, and Lance D. Laird. 2023. "Encountering God, Accompanying Others: Spirituality and Theology Among Muslim Health Care Chaplains." *Spirituality in Clinical Practice* 10, no. 1 (March): 74–88. <https://psycnet.apa.org/doi/10.1037/scp0000315>.
- Abu-Shamsieh, Kamal. 2020. "The Application of Maqāṣid al-Sharī'ah in Islamic Chaplaincy." In *Islamic Law and Ethics*, edited by David R. Vishanoff, 76–108. <https://doi.org/10.2307/j.ctv19pr5b.8>.

- Ansari, Bilal W. 2022. "Nobody Knows the Trouble I've Seen: A Lived Theological Education." *Journal of Pastoral Theology* 32, no. 1 (April): 71–76. <https://doi.org/10.1080/10649867.2022.2059247>.
- Ansari, B. 2019. "Shepherding as Islamic Pastoral Theology: Case Studies in Muslim Chaplaincy." DMin diss. (Pastoral Counseling). Pacific School of Religion.
- Baig, Naveed. 2023. "The Islamic Theology Behind Spiritual Care and Hospital Chaplaincy." In *Complexities of Spiritual Care in Plural Societies: Education, Praxis and Concepts*, edited by Anne Hege Grung, 99–122. De Gruyter. <https://doi.org/10.1515/9783110717365-005>.
- Baig, Naveed, and Nazila Isgandarova. 2023. "Exploring Islamic Spiritual Care: What Is in a Name?" *Religions* 14, no. 10 (October): 1256–1268. <https://doi.org/10.3390/rel14101256>.
- Cadge, Wendy, George Fitchett, Trace Haythorn, Patricia K. Palmer, Shelly Rambo, Casey Clevenger, and Irene Elizabeth Stroud. 2019. "Training Healthcare Chaplains: Yesterday, Today and Tomorrow." *Journal of Pastoral Care & Counseling* 73, no. 4 (December): 211–221. <https://doi.org/10.1177/1542305019875819>.
- Ghaly, Mohammed. 2010. *Islam and Disability: Perspectives in Theology and Jurisprudence*. Routledge.
- Handzo, George F. 2024. "Spiritual Care During a Pandemic." In *Spiritual Care in Palliative Care: What it is and Why it Matters*, edited by Megan C. Best, 311–323. Springer, Cham. https://doi.org/10.1007/978-3-031-50864-6_22.
- Jalalzai, Sajida. 2024. "Islamic Chaplaincy in North America: The State of the Field." *Religion Compass* 18, no. 8 (August): e12512. <https://doi.org/10.1111/rec3.12512>.
- Laird, Lance D., Samsiah Abdul Majid, and Magda L. Mohamed. 2021. "Muslim Healthcare Chaplaincy in North America and Europe: Professionalizing a Communal Obligation." *The Routledge Handbook of Religion, Medicine, and Health*, edited by Dorothea Lüddeckens, Philipp Hetmanczyk, Pamela E. Klassen, and Justin B. Stein. Routledge.
- Long, Ibrahim J., and Bilal Ansari. 2018. "Islamic Pastoral Care and the Development of Muslim Chaplaincy." *Journal of Muslim Mental Health* 12, no. 1 (August): 109–121. <https://doi.org/10.3998/jmmh.10381607.0012.105>.
- Muhammad A. Ali, Omer Bajwa, Sondos Kholaki, and Jaye Starr, eds. 2022. *Mantle of Mercy: Islamic Chaplaincy in North America*. Templeton Press.
- Puchalski, Christina, Betty Ferrell, Rose Virani, Shirley Otis-Green, Pamela Baird, Janet Bull, Harvey Chochinov, George Handzo, Holly Nelson-Becker, Maryjo Prince-Paul, Karen Pugliese, Daniel Sulmasy. 2009. "Improving the Quality of Spiritual Care as a Dimension of Palliative Care: The Report of the Consensus Conference." *Journal of Palliative Medicine* 12, no. 10 (October): 885–904. <https://doi.org/10.1089/jpm.2009.0142>.

Yuskaev, Timur, and Harvey Stark. 2014. "Imams and Chaplains as American Religious Professionals." In *The Oxford Handbook of American Islam*, edited by Yvonne Y. Haddad and Jane I. Smith, 47–63. Oxford University Press.