



Application for Professional Certification in Specialized Ministries in The United Methodist Church



Area of Certification: Camp/Retreat Children's Ministry Christian Education Evangelism Ministry with the Poor
 Music Ministry Older Adult Ministry Spiritual Formation Urban Ministry Youth Ministry

Important

1. You can download this form at www.gbhem.org/certification — type or print the information on this form. Check the type of certification for which you are applying (see above).
2. Send application and official academic transcripts to your annual conference Board of Ordained Ministry certification registrar.
3. Send a copy of application and academic transcripts to: Division of Ordained Ministry/Certification Office, PO Box 340007, Nashville, TN 37203-0007.
4. Keep a copy for personal records.

Please attach a recent photo of yourself here.

Name _____ Male Female
First Name Middle Name Maiden Name Last Name

Preferred Name _____

Mailing Address _____

City/State/Zip _____

Home phone _____ Office phone _____ Date of Birth* _____

E-mail _____ Fax _____

Current Church Membership _____ Member there since (year) _____

Annual Conference _____ Jurisdiction _____

Name as you want it to appear on certificate _____

Ethnic Group*: African American Asian American Caucasian Hispanic American Native American Pacific Islander

Are you an ordained elder in The United Methodist Church? Yes No Provisional Elder

Are you an ordained deacon in The United Methodist Church? Yes No Provisional Deacon

Are you a diaconal minister in The United Methodist Church? Yes No

Are you a licensed local pastor in The United Methodist Church? Yes No

Are you a layperson in The United Methodist Church? Yes No

Date commissioned, consecrated, or ordained (check one) _____

Annual Conference journal page number where you are listed _____

On a separate page, state your commitment to the nature and mission of the church.

On a separate page, state how you believe you may fulfill your commitment to the church's ministry through serving as a certified individual.

Have you any handicapping (physically challenging) conditions which could prevent your effective service as a professional certified individual? Please explain. (Handicapping conditions are not to be construed as unfavorable health factors for ministry.)

Have you been convicted of a felony or misdemeanor other than a traffic violation? Yes No

List colleges, universities, and seminaries from which you hold a degree:

(Please attach graduate and/or undergraduate transcripts)

School _____ Degree _____ Year _____

School _____ Degree _____ Year _____

School _____ Degree _____ Year _____

School _____ Degree _____ Year _____

List certification courses taken, schools, and dates *(attach transcripts)*:

Course _____ School _____ Year _____

Course _____ School _____ Year _____

Course _____ School _____ Year _____

Course _____ School _____ Year _____

Course _____ School _____ Year _____

Course _____ School _____ Year _____

Course _____ School _____ Year _____

Indicate work done toward a degree not yet completed:

School _____ Degree _____ Year _____

Structure of the Church



Indicate your understanding of the organization and administration of The United Methodist Church.

Indicate your understanding about local church structure, resources, and program materials in the area of specialization for which you are applying.



Have you successfully completed the certification studies determined by the General Board of Higher Education and Ministry, Division of Ordained Ministry, The United Methodist Church?

Yes No Date completed _____

Have you been employed for 2 years in the area you are seeking certification? Yes No

If yes, give dates and places:

| <i>Dates</i> | <i>Place</i> |
|--------------|--------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Experience 

Indicate the number of years of experience you have had in the local church or agency in the area you are seeking certification:

| <i>Area of Experience</i> | <i>Place</i> | <i>Number of Years</i> |
|---------------------------|--------------|------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Give details:

Indicate the experience you have had in full leadership responsibility in the area in which you are seeking certification in The United Methodist Church:

| <i>Dates</i> | <i>Area of Responsibility</i> | <i>Place</i> |
|--------------|-------------------------------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Are you presently serving in leadership responsibilities in the area you are seeking certification? Yes No

If so, give name and address of church where you are serving:

Church Name _____

Mailing Address _____

City/State/Zip _____



What other employment or other leadership responsibilities in ministry in The United Methodist Church have you had?

What are your plans for a continuing program of study and enrichment, including (a) reading, (b) participation in professional groups—community, denominational, ecumenical, (c) graduate study at intervals, (d) personal renewal of spiritual life? Use additional page, if necessary.

List as references three (3) persons acquainted with you and your qualifications:

A United Methodist minister (ordained or diaconal) _____

Mailing Address _____

City/State/Zip _____

E-mail _____

An officer with whom you have worked in a local church _____

Mailing Address _____

City/State/Zip _____

E-mail _____

Your current immediate supervisor _____

Mailing Address _____

City/State/Zip _____

E-mail _____

Date of application

Applicant's signature



GENERAL BOARD OF
**Higher Education
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PREPARING A NEW
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CHRISTIAN LEADERS

Certification in Specialized Ministries

Division of Ordained Ministry

General Board of Higher Education and Ministry

The United Methodist Church

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