Enrollment Form for
PROFESSIONAL CERTIFICATION
in Specialized Ministries in The United Methodist Church

Professional certification is available to lay, licensed, or ordained persons who have an undergraduate degree and who take graduate level courses for academic credit.

If you do not have an undergraduate degree, may want to consider paraprofessional certification.

Please print or type. Send enrollment form to your conference Board of Ordained Ministry; send a copy to the General Board of Higher Education and Ministry (GBHEM), Certification in Specialized Ministry, P. O. Box 340007, Nashville, TN 37203-0007; keep a copy for your personal records.

PLEASE ENROLL ME FOR PROFESSIONAL CERTIFICATION IN:

☐ Camp/Retreat Ministry
☐ Christian Education
☐ Ministry with People with Disabilities
☐ Music Ministry
☐ Spiritual Formation
☐ Urban Ministry
☐ Children’s Ministry
☐ Evangelism
☐ Ministry with the Poor
☐ Older Adult Ministry
☐ United Methodist Parish Nurse Ministry
☐ Youth Ministry

NAME ____________________________

ADDRESS ________________________________________________________________

CITY/STATE/ZIP ___________________________________________________________

PHONE home (____) office (____) mobile (____)

EMAIL ADDRESS __________________________________________________________

GENDER*: ☐ Male ☐ Female Date of Birth* _________________________________

MINISTRY CATEGORY: ☐ Elder ☐ Deacon ☐ Licensed Local Pastor (part time/full time)
☐ Deacon__ ☐ Full Member ☐ Provisional Member
☐ Laity__ ☐ Full Member 
☐ Elder__ Deacon__

RACIAL ETHNIC GROUP*: ☐ African American ☐ Asian American ☐ Caucasian ☐ Hispanic American
☐ Native American ☐ Pacific Islander ☐ Other _______________________________

ANNUAL CONFERENCE: _______________________________________________________

You must be a member of a United Methodist church for at least one year before enrolling.

☐ I have been a member of a United Methodist Church for one year or more
☐ I am not a member of a United Methodist Church
☐ I am a member of (name of church) __________________________________________

* For statistical purposes only.
UNDERGRADUATE DEGREE

Do you have an undergraduate degree?  ☐ Yes  ☐ No
School ____________________________  Area ____________________________  Year received __________
Degree earned ____________________________

ADDITIONAL EDUCATION

High School ____________________________ Date graduated ____________________________
College/Graduate School ____________________________ Date ____________________________
Degree or Credit Hours ____________________________
Seminary ____________________________ Date ____________________________
Degree or Credit Hours ____________________________

Signed ____________________________ Date ________