

Enrollment Form for PARAPROFESSIONAL CERTIFICATION

in Specialized Ministries in The United Methodist Church



HIGHER EDUCATION & MINISTRY

General Board of Higher Education and Ministry
THE UNITED METHODIST CHURCH



Paraprofessional certification is available to persons who have or do not have an undergraduate degree and are working in areas of specialized ministry. Paraprofessional certification does not carry academic credit and is designed for persons seeking training in a specialized ministry as a worker or volunteer.

If you have an undergraduate degree, may want to consider professional 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 PARAPROFESSIONAL CERTIFICATION IN:

- | | |
|--|--|
| <input type="radio"/> Camp/Retreat Ministry | <input type="radio"/> Children's Ministry |
| <input type="radio"/> Christian Education | <input type="radio"/> Evangelism |
| <input type="radio"/> Ministry with People with Disabilities | <input type="radio"/> Ministry with the Poor |
| <input type="radio"/> Music Ministry | <input type="radio"/> Older Adult Ministry |
| <input type="radio"/> Spiritual Formation | <input type="radio"/> United Methodist Parish Nurse Ministry |
| <input type="radio"/> Urban Ministry | <input type="radio"/> Youth Ministry |

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

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

EMAIL ADDRESS _____

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

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.

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APPROVED PROGRAM INFORMATION

Enrollment date: _____ Beginning date _____

LOCATION

Name of school or place of education _____

Address _____

Director _____

Date _____

Applicant Signature _____