

Application for PROFESSIONAL/UNDERGRADUATE 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 have taken graduate level course for credit.

Complete application and send:

1. Application, official academic and undergraduate transcripts, and recent photo to your conference Board of Ordained Ministry (BOM) certification registrar;
2. Send copy of application, academic and undergraduate transcripts, and recent photo to Division of Ordained Ministry, Certification Office, P.O. Box 340007, Nashville, TN 37203-0007
3. Keep a copy for your personal records

AREA OF CERTIFICATION:

- | | |
|--|--|
| <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 |

MINISTRY CATEGORY:

- | | | |
|-----------------------------|-----------------------------------|---|
| <input type="radio"/> Elder | <input type="radio"/> Deacon | <input type="radio"/> Licensed Local Pastor (part-time/full time) |
| <input type="radio"/> Laity | <input type="radio"/> Full Member | <input type="radio"/> Provisional Member |
| Elder __ Deacon__ | | |

DATE COMMISSIONED (Clergy): _____

DATE ORDAINED: _____

ANNUAL CONFERENCE JOURNAL YEAR AND PAGE NUMBER WHERE YOU ARE LISTED _____

GENDER*:

- Male Female Date of Birth* _____

RACIAL ETHNIC GROUP*:

- African American Asian American Caucasian Hispanic American
 Native American Pacific Islander Other _____

NAME _____

PREFERRED MAILING ADDRESS _____

CITY/STATE/ZIP _____

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

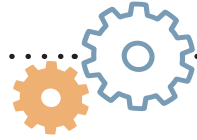
EMAIL ADDRESS _____

ANNUAL CONFERENCE _____ **JURISDICTION** _____

NAME AS YOU WANT IT TO APPEAR ON CERTIFICATE: _____

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CHURCH MEMBERSHIP (you must be a member of a United Methodist church for at least one year at time of application)

Name of United Methodist Church _____

Address _____

City/State/Zip _____

Member since _____

ON A SEPARATE PAGE, PLEASE WRITE UP TO 1,000 WORDS ABOUT THE FOLLOWING:

1. Your commitment to the nature and mission of the church.
2. How you expect to fulfill your commitment to the church's ministry through serving as a certified ministry specialist.

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR OTHER THAN 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 REQUIRED CERTIFICATION COURSES TAKEN FOR CERTIFICATION AREA, SCHOOLS, AND DATES (please attach transcripts):

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 _____ Hours completed _____ Year last attended: _____

School _____ Hours completed _____ Year last attended: _____

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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 BEEN EMPLOYED FOR 2 YEARS IN THE AREA YOU ARE SEEKING CERTIFICATION? yes no

If yes, give dates and locations:

Dates _____ Location _____
Dates _____ Location _____

EXPERIENCE

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

Area of experience	Church name or agency:	Number of years:
_____	_____	_____
_____	_____	_____
_____	_____	_____

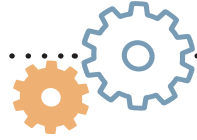
Please share additional, relevant details: _____

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

Dates	Area of Responsibility	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____

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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 leadership responsibilities in ministry in The United Methodist Church have you had?

What are your plans for 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 FOR REFERENCES THREE (3) PERSONS ACQUAINTED WITH YOU AND YOUR QUALIFICATIONS:

A United Methodist minister

Name _____

Mailing address _____

City/state/zip _____

Email address _____

Phone (_____) _____

An officer with whom you have worked in a local church

Name _____

Mailing address _____

City/state/zip _____

Email address _____

Phone (_____) _____

Your current supervisor

Name _____

Mailing address _____

City/state/zip _____

Email address _____

Phone (_____) _____

DATE OF APPLICATION _____ APPLICANT SIGNATURE _____