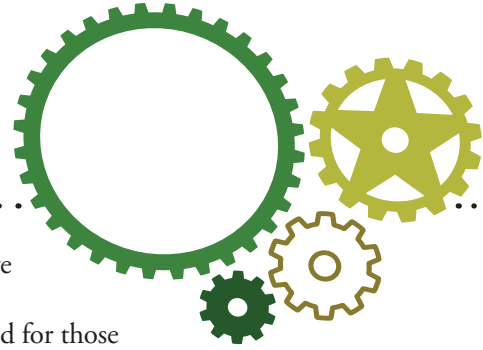


Application for PARAPROFESSIONAL CERTIFICATION

in Specialized Ministries in The United Methodist Church



Paraprofessional certification is available to people 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 those seeking training in a specialized ministry as a worker or volunteer. Those seeking paraprofessional certification should complete a program approved by the General Board of Higher Education and Ministry.

Complete application and send:

1. Application, certificate for completed approved program and recent photo to your conference Board of Ordained Ministry (BOM) certification registrar;
2. Send copy of application, certificate of completed approved program 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__ |

GENDER*: Male Female Date of Birth* _____

- RACIAL ETHNIC GROUP*:**
- | | | | |
|--|--|-----------------------------------|---|
| <input type="radio"/> African American | <input type="radio"/> Asian American | <input type="radio"/> Caucasian | <input type="radio"/> Hispanic American |
| <input type="radio"/> Native American | <input type="radio"/> Pacific Islander | <input type="radio"/> 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: _____

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 _____

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EXPERIENCE

Applicant must have two (2) years experience in area of specialized ministry at the time of applying for paraprofessional certification, with employment or volunteering in a United Methodist church setting. Applicant should also be under supervision, accountability, and evaluation in their specialized ministry area:

- Full-time employment Part-time employment Volunteering

Name of United Methodist Church _____

Address _____

City/State/Zip _____

AREA OF RESPONSIBILITY

Position held/title _____

Date employment/volunteering began _____

Date employment/volunteering ended _____

EDUCATION

Name of High School _____ Did you graduate yes no

Additional Schooling _____

Course Requirements (must have completed course work in a program approved by the General Board of Higher Education and Ministry, Division of Ordained Ministry)

Approved Program _____ Year _____

Approved Program _____ Year _____

Approved Program _____ Year _____

Attach a copy of your certificate(s) of completion in the approved program with your application and any documentation needed for approval of your application.

Have you been convicted of a felony or misdemeanor other than a traffic violation? yes no

STRUCTURE OF THE CHURCH

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

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in Specialized Ministries in The United Methodist Church



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

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** _____