

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)
 Laity Full Member Provisional Member
Elder__ Deacon__

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

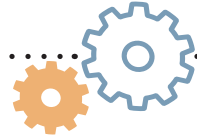
ANNUAL CONFERENCE: _____

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) _____

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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 _____