



Application for Professional Certification in Specialized Ministries in The United Methodist Church

- Camp/Retreat Ministry Children's Ministry Christian Education Evangelism
 Music Ministry Older Adult Ministry Spiritual Formation Youth Ministry

Important

1. You can download this form from the Web site www.gbhem.org/certification — type or print the information on this form. Check the type of certification for which you are applying (see above).
2. Send application and official academic transcripts to your annual conference Board of Ordained Ministry certification registrar.
3. Send a copy of application and academic transcripts to: Division of Ordained Ministry/Education Team, PO Box 340007, Nashville, TN 37203-0007.
4. Keep a copy for personal records.

Please attach a recent photo of yourself here.

Name _____ Male Female
First Name Middle Name Maiden Name Last

Preferred Name _____

Mailing address _____ City _____ State/Zip _____

Phone: Home _____ Office _____ Date of Birth* _____

Email: _____ Fax: _____

Current church membership _____ Member there since _____
Year

Annual Conference _____ Jurisdiction _____

Name as you want it to appear on certificate _____

Racial ethnic group*: African American Asian American Caucasian
 Hispanic American Native American Pacific Islander

Are you an ordained elder in The United Methodist Church? Yes No Provisional Elder

Are you an ordained deacon in The United Methodist Church? Yes No Provisional Deacon

Are you a diaconal minister in The United Methodist Church? Yes No

Are you a licensed local pastor in The United Methodist Church? Yes No

Are you a layperson in The United Methodist Church? Yes No

Date commissioned, consecrated, or ordained _____

Annual conference journal page number where you are listed _____

On a separate page, state your commitment to the nature and mission of the church.

On a separate page, state how you believe you may fulfill your commitment to the church's ministry through serving as a certified individual.

* for statistical purposes

Have you any handicapping (physically challenging) conditions which could prevent your effective service as a professional certified individual? Please explain. (Handicapping conditions are not to be construed as unfavorable health factors for ministry.)

Have you been convicted of a felony or misdemeanor other than a 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 certification courses taken, schools, and dates *(attach transcripts)*:

Course _____	School _____	Year _____
Course _____	School _____	Year _____
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 _____	Degree _____	Year _____
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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.

Experience

Experience requires a contractual agreement with supervision, accountability, evaluation, and continuing education. Supervised experience must be approved by the annual conference Board of Ordained Ministry (BOM).

Indicate the number of years of experience you have had in the local church:

Areas of Experience	Number of Years
_____	_____
_____	_____
_____	_____
_____	_____

Give 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	Places
_____	_____
_____	_____
_____	_____

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

What are your plans for a 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 as references three (3) persons acquainted with you and your qualifications:

A United Methodist minister (ordained or diaconal) _____

Mailing Address _____

City/State/Zip _____

An officer with whom you have worked in a local church _____

Mailing Address _____

City/State/Zip _____

Your current immediate supervisor _____

Mailing Address _____

City/State/Zip _____

Have you successfully completed the certification studies determined by the General Board of Higher Education and Ministry, Division of Ordained Ministry, Deacons and Diaconal Ministries, The United Methodist Church?

Yes No Date completed _____

Have you been employed for four (4) years in the area you are seeking certification? Yes No

OR

Have you been employed for two (2) years following completion of the certification studies? Yes No

If yes, give dates and places:

Dates

Places


_____	_____
_____	_____
_____	_____
_____	_____

Date of application

Applicant's signature

Deacon and Diaconal Ministries
Division of Ordained Ministry
General Board of Higher Education and Ministry
The United Methodist Church
PO Box 340007, Nashville, Tennessee 37203-0007
Telephone: (615) 340-7375
Fax: (615) 340-7377

E-mail: certification@gbhem.org, Web Site: <http://www.gbhem.org/certification>

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 GENERAL BOARD OF
**Higher Education
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