



GENERAL BOARD OF  
**Higher Education  
& Ministry**

**Application for Certification in The United Methodist Church**

*Send a copy to Deacons and Diaconal Ministries and a second copy to your conference Board of Ordained Ministry.*

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

**Important**

1. You can download this form from the Web site ([http://www.gbhem.org/certification/cert\\_home.html](http://www.gbhem.org/certification/cert_home.html)) — type or print the information on this form. Check the type of certification for which you are applying (see above).
2. Send a copy of application and official academic transcript to your annual conference Board of Ordained Ministry certification registrar.
3. Send a copy of application and academic transcript to: Deacon and Diaconal Ministries, Division of Ordained Ministry, P.O. 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

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 America       Native American       Pacific Islander

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

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

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

Date of consecration or ordination \_\_\_\_\_

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

**Attach academic transcripts**

List colleges, universities, and seminaries from which you hold a degree:

School _____	Degree _____	Year _____
School _____	Degree _____	Year _____
School _____	Degree _____	Year _____
School _____	Degree _____	Year _____

List certification courses taken, schools, and dates:

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

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 concurrent with taking the certification studies?  Yes  No

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  
P.O. Box 340007, Nashville, Tennessee 37203-0007  
Telephone: (615) 340-7375  
Fax: (615) 340-7377  
E-mail: [deacons@gbhem.org](mailto:deacons@gbhem.org), Web Site: <http://www.gbhem.org>