

APPLICATION FOR CHAPLAINCY CERTIFICATION

Fill Out and Mail to: Certification Committee

New York State Council of Churches

1580 Central Avenue

Albany, New York 12205

As you fill out this application, note carefully the requirements set forth in the Chaplaincy Certification Criteria document.

Name _____

Address _____

City/State/Zip _____

E-mail: _____

Phone:

Home _____ Cell _____

Work _____

Denomination _____

TYPE OF CHAPLAINCY FOR WHICH YOU ARE APPLYING: (Check One)

_____ Department of Correctional Services

_____ Office of Mental Health

_____ Office for People with Developmental Disabilities

_____ Office of Children and Family Services

ORDINATION: (See Section B, No.1 of criteria)

Please state ordaining body and enclose a copy of your ordination certificate.

OFFICIAL ECCLESIASTICAL ENDORSEMENT: (Section B, No.2 of criteria)

Give name of agency or official authorized by your denomination to endorse its clergy for chaplaincy positions. (This agency or person will be contacted by the NYSCC.)

Name _____

Address _____

Is this Denomination listed in the Yearbook of American and Canadian Churches? _____

FORMAL EDUCATION: (Section B, No. 3 of criteria).

Please enclose a copy of your post-secondary diplomas and have a transcript sent from the institution from which you received the diploma.

School/College	Degree Field	Date Awarded
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you do not have a Master of Divinity degree, see Section B, No. 3b of criteria and follow directions as requested in Appendix B of this application form.

PASTORAL AND OTHER WORK EXPERIENCE: (See Section B, No. 4 of criteria)

List all forms with most recent first

Job Title	Place	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SPECIALIZED TRAINING FOR MINISTRY: (See Section B, No. 5 of criteria).

Please notify your training centers to send information about your training to the Committee.

Training Center	Dates	Number of Weeks/Months
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Name of Center _____

Address _____

Supervisor _____

Name of Center _____

Address _____

Supervisor _____

DISABILITY:

Do you have any physical or medical problems which would interfere with your ability to perform the job for which you are applying?

_____ Yes

If yes, please explain on page 4.

_____ No

REFERENCES: (One personal, one peer professional, one other professional, one lay person).

(1)

Name _____

Address _____

Telephone _____

Position/Profession _____

(2)

Name _____

Address _____

Telephone _____

Position/Profession _____

(3)

Name _____

Address _____

Telephone _____

Position/Profession _____

(4)

Name _____

Address _____

Telephone _____

Position/Profession _____

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is a cause for rejecting this application, or for decertification after I have been certified.

Signature

Date

NYS ASSOCIATION OF PROTESTANT CHAPLAINS

If you were to be certified, are you willing to join the NYS Association of Protestant Chaplains and attend the training/conference once per year? Check one - _____Yes _____No

Answer will be discussed at your certification interview.

APPENDIX A

Tell us why you want to become a chaplain and the particular "gifts and graces" you believe you will bring to this ministry. Use additional sheets as necessary. Please type.

APPENDIX B

If you do not have a Master of Divinity degree (see Chaplaincy Certification Criteria, Section 3, No3b), document for us an equivalent alternate program of education and training for ministry which has prepared you for chaplaincy service. List schools you have attended and courses of study you have completed. Attach relevant material (course descriptions and outlines, bibliographies, etc.) so we can evaluate this information. Please type.