

Application for Ecclesiastical Endorsement

American Baptist Churches USA
Committee on Chaplains and Pastoral Counselors

Mail to: ABHMS, Chaplaincy and Pastoral Counseling Services
P.O. BOX 851
Valley Forge, PA 19482-0851

Please allow at least 12 weeks from the date of your application for completion of your endorsement.

Type of endorsement for which you are applying:

____ Endorsement ____ Approval for Training ____ Approval for Military Chaplain Candidate

CATEGORY FOR WHICH YOU ARE APPLYING: *Refer to the *Ecclesiastical Standards* document for the category number, i.e. 2.5 Institutional Chaplain, full time; 1.11 Army Chaplain Candidate; 3.3 Pastoral Counselor; etc.

____ *Military ____ *Institutional/Occupational ____ *Pastoral Counselor ____ *Educator
(Number) (Number) (Number) (Number)

____ Preferred Mailing Address: ____ Work ____ Home
Today's Date Birth Date (mm/dd/yyyy)

Title and Name

Cell phone- Area code first

E-mail Address

Home Address - Number and Street or P.O. Box

Number and Street or P.O. Box

City

State

Zip

Home Telephone - Area Code First

Work Address ---- Name of Church or Organization, Number and Street or P.O. Box

City

State

Zip

Work Telephone - Area Code First

Gender (circle one): Male / Female

Marital Status (circle one): Married / Single

Spouse's Name

Racial and Ethnic Origin (Circle one):

I – Native American, A - Asian, AA - African American, C - Caucasian, H - Hispanic, O - Other

Indicate one of the following in reference to your **ABPS** profile:

- _____ Current ABPS Profile In Place
- _____ In the process of obtaining an ABPS Profile
- _____ will contact the ABPS office to start my process (1-800-392-2343 or abps@abc-usa.org)

Indicate your professional status in **the American Baptist Professional Registry:**

- _____ Ordained American Baptist Churches Standard
- _____ Non-ABC Ordained - Ordination Recognized by ABC
- _____ Have not yet Obtained an Ordination Recognized by ABC
- _____ Certified Lay Minister
- _____ Licensed

If not sure, contact your ABC Region Executive Minister, who is the holder of your record in the Professional Registry.

Present American Baptist **Church Membership** (Church Name)

Number and Street or P.O. Box

City

State

Zip

Previous and/or Current **American Baptist** Ecclesiastical Approvals/Endorsements, if any

_____ Year

Endorsement **in any other denomination**, if any

_____ Year

Name and address of Current Endorsing Agent

Endorsement needed for Certification in a Professional Society or Organization?: ___yes ___no

Number*

Name of Certifying Organization

Level of Certification sought, if any

Additional, concurrent Approval/Endorsement Category sought, if any

Number *

Name (e.g. 4.14 Exemption Track; or 4.21 in pursuit of employment)

Please describe any additional, concurrent Recognition sought for specialized ministry not requiring Endorsement (such as a fire/police, race track or other chaplain service):

This Section To Be Completed For Training Categories Only (1.1, CC; 2.1, ICT; 3.1, PCI)

ABC Church Membership Validation Requested _____ Yes/No
(To be sent directly from Church Clerk—your responsibility to contact)

Education

<u>Earned Degrees, Most Recent First</u>	<u>Year Graduated</u>	<u>School Name & City and State</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

College **Transcripts** Have Been Requested? _____ **Yes/No**
(To be sent directly from Registrar to our office - your responsibility to contact)

Seminary **Transcripts** (if applicable) Have Been Requested? _____ **Yes/No**
(To be sent directly from Registrar to our office - your responsibility to contact)

All Applicants Continue Here

Please Note: All References named by you will be contacted directly by the Office of Chaplaincy and Pastoral Counseling Services. Please alert your references to expect this request and ask them to respond in a timely fashion.

Seminary Reference (Office will contact reference)

Title and Name

Organization Name

Number and Street or P. O Box

City

State

Zip

Email address (optional):

ABC Pastoral Reference (Office will contact reference)

Title and Name

Organization Name

Number and Street or P. O Box

City

State

Zip

Email Address (optional)

ABC Regional Executive Minister Reference (Office will contact reference; office has email addresses)

Title and Name

Organization Name

Number and Street or P. O Box

City

State

Zip

All Applicants Continue Here

First Other Reference (Office will contact reference)

Title and Name

Organization Name

Number and Street or P. O Box

City

State

Zip

Email address (optional)

Second Other Reference (Office will contact reference)

Title and Name

Organization Name

Number and Street or P. O Box

City

State

Zip

Email Address (Optional)

Third Other Reference (Office will contact reference)

Title and Name

Organization Name

Number and Street or P. O Box

City

State

Zip

Email Address (Optional)

Full-Time Pastoral Experience Post Seminary and Post-Ordination, if any (attach separate sheet or resume, if needed)
 (If requesting the "Exemption Track" for required experience, please attach a separate sheet.)

Position	M/Y	M/Y	Church Name	City, State
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Clinical Pastoral Education Experience by Quarter/Unit, if any. Please supply documentation if applicable

Center	M/Y	M/Y	Church Name	City, State
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Supervised Pastoral Counseling Hours, if any. Please supply documentation if applicable

Center	M/Y	M/Y	Church Name	City, State
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Certification at the **Member** level or above by **AAPC** or **AAMFT**

AAPC _____ Yes/No _____ Membership Level _____ Year
 AAMFT _____ Yes/No _____ Membership Level _____ Year

Please indicate with a check mark if enclosed:

- _____ **Biographical Sketch** (Please Refer to the Endorsement *Standards* for Bio sketch requirements)
- _____ **Recent Photo**
- _____ **\$50 Application Fee** (If previously endorsed by this office the application fee is waived.) Make check or money order payable to "ABHMS"
- _____ Signed **Covenant**
- _____ Signed **Self Disclosure Form** and _____ Signed **Release Form****

** _____ I downloaded this application from the ABHMS website; please mail a Release Form to me.

Signature

You will be contacted by telephone to provide a Social Security Administration Number for the purpose of conducting a criminal background check. This office does not store Social Security numbers in any electronic file or database. Do not send us your number by email or voice mail. Criminal background check results will be removed from your file after review.

