

# Application for Enrollment

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Home Phone (\_\_\_\_) \_\_\_\_\_ Office Phone (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Presbytery \_\_\_\_\_

Applying for: \_\_\_\_\_ Enrolled Educational Assistant

Ethnic Group/Race:

\_\_\_\_\_ American Indian or Alaska Native \_\_\_\_\_ Asian  
\_\_\_\_\_ Black or African American \_\_\_\_\_ White  
\_\_\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_\_\_ Hispanic or Latino

Gender: \_\_\_\_\_ Female \_\_\_\_\_ Male

## *Current Employment* (Attach Position Description)

Date Started \_\_\_\_\_ Church \_\_\_\_\_

Address \_\_\_\_\_

Hours per week/month \_\_\_\_\_ Title \_\_\_\_\_

## *Related Work History*

Dates From-To	Church/Employer	City/State	Hrs per Wk/Mo	Title
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*Formal Education Beyond High School*

Dates	Major/Spec.	College or School	Degree
_____	_____	_____	_____
_____	_____	_____	_____

**Home Church** \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Why are you seeking enrollment? How will being enrolled in the certification process enhance your development as a professional educator in the church?

If there are extraordinary circumstances of which the Certification Council should be aware, please indicate them here.

Name and Address of Educator Certification Advisor (appointed by the Presbytery and approved by the Educator Certification Council:

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Attach the following to this application:

- > Educational Requirements Worksheet for Enrolled Educational Assistant.
- > A current position description.
- > A brief biographical statement to introduce yourself to the Council, highlighting specific points in your faith and professional development.
- > Letters of reference from three persons who have knowledge of the educational competencies, administrative skills and personal qualities that qualify you to be enrolled.
- > If one year employment is as a volunteer, attach a letter of verification from a staff person or supervisor who was most closely associated with your work.

Return all forms to: Martha Miller  
Associate for Certification and Christian Vocation  
100 Witherspoon Street, Room 4615  
Louisville, KY 40202-1396  
(888) 728-7228 x5751

## Educational Requirements Worksheets

(Enrolled Educational Assistant)

Name \_\_\_\_\_ Date \_\_\_\_\_

**DIRECTIONS:** In Column 1, indicate the courses you have already taken for academic credit, or CEUs or seminars/workshops, which fulfill the requirements for each knowledge/skill area, listing the year the course or event was completed, the title of the course or event, school, and number of course credits or continuing education units; or the actual number of classroom hours. If you have insufficient previous courses to meet a particular requirement, indicate in Column II your plans for meeting such requirements: course title(s), school(s) course credits; continuing education events and number of CEUs to be earned.

**Column I**  
**Completed Work**  
 (Submit CEU Certificates  
 [where granted])

**Column II**  
**Plans for Completing Requirements**  
 (Obtain CEU Certificates  
 [where granted] upon completion)

**BIBLICAL/THEOLOGICAL FOUNDATIONS**  
 (2 CEUs or 20 contact hours)  
 CE Units, or

<u>Year</u>	<u>Course Title</u>	<u>Offered by</u>	<u>Contact Hours</u>
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**RELIGIOUS EDUCATION: THEORY AND PRACTICE/  
 HUMAN DEVELOPMENT & AGE GROUP SKILLS**  
 (2 CEUs or 20 Contact Hours)  
 CE Units, or

<u>Year</u>	<u>Course Title</u>	<u>Offered by</u>	<u>Contact Hours</u>
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**Column I**  
**Completed Work**  
(Submit CEU Certificates  
[where granted])

**Column II**  
**Plans for Completing Requirements**  
(Obtain CEU Certificates  
[where granted] upon completion)

**ADMINISTRATION AND  
LEADER DEVELOPMENT**  
(2 CEUs or 20 Contact Hours)  
CE Units, or

Year

Course Title

Offered by

Contact Hours

Areas requiring additional attention: