



## APPLICATION FOR ECCLESIASTICAL ENDORSEMENT

General Conference of Seventh-day Adventists

Adventist Chaplaincy Ministries

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Silver Spring, Maryland 20904

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[www.adventistchaplains.org](http://www.adventistchaplains.org)

(301) 680-6780 (office)

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I DESIRE ECCLESIASTICAL ENDORSEMENT AS A: **(Choose only one area of endorsement.)**

**Campus Chaplain**

**Community Chaplain**

**Corrections Chaplain**

**Health Care Chaplain**

**Military Chaplain**

**Specialized Ministries Chaplain**

**NOTE: Chaplains working in Divisions which do not have a General Conference Adventist Chaplaincy Ministries certified endorsement process established and who have requested ACM-GC to process the applications may apply for endorsement from the General Conference Adventist Chaplaincy Ministries Department.** Please review the requirements listed below for ecclesiastical endorsement as a healthcare chaplain. All these requirements must be met fully prior to submitting the application. If you have specific questions, contact ACM for further guidance.

Applicants for ecclesiastical endorsement as an Endorsed Chaplain through Adventist Chaplaincy Ministries must:

Be a Seventh-day Adventist minister with current, conference-issued credentials

Have a minimum of two years experience as a church pastor or equivalency as determined by the Adventist Chaplaincy Institute.

Possess an earned Master's degree included in a minimum of 48 semester hours of graduate level religion or theology courses. If the undergraduate and graduate education is not from a SDA college, University and or seminary, Contact the GC ACM/ACI department for options to make up the deficiency.

### CLINICAL PASTORAL EDUCATION

**Campus, Community, Corrections, Military, Specialized Ministries:** One (1) unit of Clinical Pastoral Education or equivalency as determined by the Adventist Chaplaincy Institute is desirable

**Health Care:** Completion of two (2) units of Clinical Pastoral Education or equivalency as determined by the Adventist Chaplaincy Institute

## **APPLICATION PROCESS**

1. Completion of the application packet
2. Receipt of evaluations from references
3. Face-to-face interview with designated ACM representatives
4. Review and action by the ACM Committee
5. Notification of results

## **INSTRUCTIONS**

Go to the ACM database at [portal.adventistchaplains.org](http://portal.adventistchaplains.org) and establish a personal profile. Complete each section of the application and submit it online. You should save and or download and keep a copy of your completed application.

## **APPLICATION PACKET**

The following items **must be uploaded** to your personal profile:

**Upload** Official copies of all graduate degree transcripts

**Upload** Photocopies of any final evaluations for clinical or other specialized training

**Upload** Essay

Please provide an essay, not to exceed 10 pages, double spaced addressing the following guidance statements:

- **A reasonably full account of your life.** Include, significant and important persons and events, especially as they have impacted, or continue to impact, your personal growth and development. Describe your family of origin, current family relationships, and important and supportive relationships.
- **A description of your spiritual growth and development.** Include, your faith heritage, describe and explain any subsequent, personal conversions, your call to ministry, religious experiences, and significant persons and events that have impacted, or continue to impact, your spiritual growth and development.
- **A description of your work (vocational) history.** Include a chronological list of jobs/positions/dates of employment and a brief statement about your current employment and work relationships, **this is not a resume.**
- **An account of a “helping incident” in which you were the person who provided the help.** Include the nature and extent of the request, your assessment of the issue(s), problem(s), situation(s). Describe how you came to be involved and what you did. Give a brief, evaluative commentary on what you did and how you believe you were able to help.

**Important:** There must be a letter of approval from your local conference, signed by your conference president or their designee indicating that they will support your participation into the Clinical Pastoral Education program and they intend to give you the time needed to complete the process and receive credit for your work. It is imperative that a copy of that letter must stay with the Ministerial office of your local conference in order to avoid confusion in case the leadership of the conference is changed or transferred.

**Admissions Interview:** You are required to complete an admissions interview with a person approved by Adventist Chaplaincy Institute to conduct such interview.

**Upload** photocopy of your current ministerial credentials

**Upload** passport size picture, color, JPEG format

**Upload** signed Ecclesiastical Endorsement Covenant for your area of Chaplaincy

**Upload** Curriculum Vitae 1-3 pages

## **INTERVIEW**

An interview with persons appointed by the ACM Department is required. The interview will be done using the ZOOM conferencing app.

## **EDUCATION AND PROFESSIONAL TRAINING**

### **UNDERGRADUATE**

School name \_\_\_\_\_

School address \_\_\_\_\_

Major(s) \_\_\_\_\_

Date of graduation \_\_\_\_\_

Degree \_\_\_\_\_

### **GRADUATE**

School name \_\_\_\_\_

School address \_\_\_\_\_

Field of study \_\_\_\_\_

Date of graduation \_\_\_\_\_

Degree \_\_\_\_\_

Special skills \_\_\_\_\_

How many CPE units have you completed?      One      Two      Three      Four

## **EMPLOYMENT**

### **CURRENT EMPLOYER**

Name of employer \_\_\_\_\_

Email \_\_\_\_\_

Telephone \_\_\_\_\_

Name of supervisor \_\_\_\_\_

Your job title \_\_\_\_\_

Inclusive dates \_\_\_\_\_

**PREVIOUS EMPLOYER**

Name of employer \_\_\_\_\_

Email \_\_\_\_\_

Telephone \_\_\_\_\_

Name of supervisor \_\_\_\_\_

Your job title \_\_\_\_\_

Inclusive dates \_\_\_\_\_

**RELATIONSHIP WITH THE CHURCH**

Date of baptism or profession of faith \_\_\_\_\_

Church holding your membership \_\_\_\_\_

Church address \_\_\_\_\_

\_\_\_\_\_

Pastor's name \_\_\_\_\_

Pastor's email \_\_\_\_\_

Pastor's telephone \_\_\_\_\_

Describe your involvement in the local church. \_\_\_\_\_

\_\_\_\_\_

Describe your involvement with the local conference. \_\_\_\_\_

\_\_\_\_\_

Relate any other ministry experience you have had that you believe has helped prepare you for the chaplaincy. Be specific about church office, dates, place and results

\_\_\_\_\_

\_\_\_\_\_

**NOTE FOR APPLICANTS CONSIDERING NON-DENOMINATIONAL**

**CHAPLAINCIES:** Any questions about your denominational service record and / or retirement benefits are your personal responsibility to resolve with your current employer before you enter any chaplaincy outside the denomination employment. You must ascertain continuation, credit, holding or transfer status. ACM recommends you obtain in writing whatever understanding and arrangements you reach with your current employer. ACM will not engage in that discussion beyond sharing what the current *General Conference Working Policy* says applies for chaplains. ACM maintains a history of service for those chaplains employed by non-denominational agencies.

**PERSONAL HISTORY**

Check your response. For every “yes” answer, explain the issues and circumstances in a separate letter addressed to the ACM Director / Associate Director. Because of the sensitive nature of the information, the details of the letter will be restricted and shared only with those who must know in order to make decisions about your ecclesiastical endorsement.

Are you now under any form of church discipline?

No

Yes

Have you ever been accused, charged with, moved or transferred to another position because of any sexual harassment, misconduct, or any other illegal and/or immoral conduct?

No

Yes

**WAIVER**

To insure objectivity ACM recommends you waive the right to view all evaluations. Your decision may affect the responses by the persons you select. Check your choice below:

I do not waive the right to view evaluations in my file

I waive the right to view evaluations in my file

**REFERENCES**

NOTE: A minimum of four evaluations must be received by ACM before the application packet will be placed on the agenda of the ACM Committee. ACM suggests the references listed below. Those marked with a \* are required.

**\* CONFERENCE PRESIDENT OR DESIGNEE OF HOME CONFERENCE**

Name \_\_\_\_\_

Title/Position \_\_\_\_\_

Organization \_\_\_\_\_

Email \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

**\* YOUR LOCAL CHURCH PASTOR WHERE YOU ATTEND REGULARLY**

Name \_\_\_\_\_

Title/Position \_\_\_\_\_

Organization \_\_\_\_\_

Email \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

**SEMINARY DEAN OR FACULTY MEMBER**

Name \_\_\_\_\_

Title/Position \_\_\_\_\_

Organization \_\_\_\_\_

Email \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

**YOUR CURRENT WORK SUPERVISOR**

Name \_\_\_\_\_

Title/Position \_\_\_\_\_

Organization \_\_\_\_\_

Email \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

**AN ADVENTIST CHAPLAIN OR CLERGY COLLEAGUE**

Name \_\_\_\_\_

Title/Position \_\_\_\_\_

Organization \_\_\_\_\_

Email \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

**A PEER OR SOMEONE WHO KNOWS YOU WELL (Non-relative)**

Name \_\_\_\_\_

Title/Position \_\_\_\_\_

Organization \_\_\_\_\_

Email \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

**NOTE:** The endorsement process normally takes a minimum of two or three months, depending on how fast evaluations are returned from references. In order to expedite the endorsement process, the applicant is advised to contact the ACM office to insure completed evaluation forms have been received by the ACM office.

The ACM-GC committee meets quarterly and will vote on endorsements during regularly scheduled meetings.

**REQUIRED SIGNATURE**

By my signature I certify that all the information I have provided in this application is true and accurate. I understand any revealed falsification of this data will result in the immediate cessation of this endorsement process and / or revocation of my ecclesiastical endorsement.

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Signature

Date