

**A. Application for Admission to  
The Initial Certification Process  
(3 Pages)**

I am applying for admission to the certification process, seeking certification as (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Pastoral Associate / Minister  | Certification Level                        |
| <input type="checkbox"/> Parish Catechetical Leader     | (See Certification Manual for              |
| <input type="checkbox"/> Director of Music Ministries   | Explanation)                               |
| <input type="checkbox"/> Youth Ministry Leader          | <input type="checkbox"/> Basic (III)       |
| <input type="checkbox"/> Diocesan Youth Ministry Leader | <input type="checkbox"/> Intermediate (IV) |
| <input type="checkbox"/> Pastoral Coordinator           | <input type="checkbox"/> Advanced (V)      |
| <input type="checkbox"/> Director of Worship            |  |

*Important: be sure to include in the appropriate sections below how you have satisfied the prerequisites for admission to the certification process. Consult the Certification manual for details.*

Please clearly print or type:

Title:  Sister  Brother  Mr.  Mrs.  Miss  Ms.  Dr.  Other

Name: \_\_\_\_\_  
                    First                                    Middle                                    Last

Mailing Address: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_  Home  Cell  Work

Phone: (    ) \_\_\_\_\_  Home  Cell  Work

E-Mail Address: \_\_\_\_\_

Fax: (    ) \_\_\_\_\_

Are you currently certified for ministry by another (arch)diocese?  Yes  No

*Certification differs from a certificate, such as that which is granted at the conclusion of a certificate program. Certification is the result of a formal assessment process and granted by a duly authorized [arch]diocesan agency.) If so, please have the (arch)diocesan department or office that certified you forward a copy of your certification certificate, including date granted and term of certification, along with their official description of this certification.*

If any, list here other relevant current certifications you have, and their certifying organizations or agencies:

\_\_\_\_\_

**Letters of Recommendation:** Using the official reference forms Appendix 11.0 C), provide three references, one from your supervising pastor (or equivalent) and two from colleagues in ministry.

List here the name, title, full address, and relationship for the following people from whom you are requesting a recommendation:

**Supervising Pastor** (or equivalent): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Home Cell Work

E-Mail Address: \_\_\_\_\_

**Recommendation #2:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Home Cell Work

E-Mail Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Recommendation #3:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Home Cell Work

E-Mail Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Educational Background:** Please request that accredited educational institutions send official transcripts to the Office of Lay Ecclesial Ministry. If your educational background includes certificate programs, please note such below and attach copies of certificates of completion to this application. Also attach any other evidence of training, classes, coursework, etc. that will substantiate your education and formation for ministry.

Educational Institution: \_\_\_\_\_

Dates Enrolled: \_\_\_\_\_ to \_\_\_\_\_

Degree(s)/Certificate(s): \_\_\_\_\_

Educational Institution: \_\_\_\_\_

Dates Enrolled: \_\_\_\_\_ to \_\_\_\_\_

Degree(s)/Certificate(s): \_\_\_\_\_

Educational Institution: \_\_\_\_\_

Dates Enrolled: \_\_\_\_\_ to \_\_\_\_\_

Degree(s)/Certificate(s): \_\_\_\_\_

**Résumé of Ministerial Experience:** (Please list most recent first.)

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_

Dates: \_\_\_\_\_

Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position: \_\_\_\_\_  
Dates: \_\_\_\_\_

Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position: \_\_\_\_\_  
Dates: \_\_\_\_\_

Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position: \_\_\_\_\_  
Dates: \_\_\_\_\_

I declare that the information I have provided in this application for admission to the Diocese of Lansing certification process is true to the best of my knowledge. I understand that any false, misleading, or missing information may disqualify me.

*Applicant's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

Return to:  
Office of Certification  
Diocese of Lansing  
228 N Walnut  
Lansing, MI 48933