# WELS
Christ's Love, Our Calling.

# TEACHING MINISTRY CERTIFICATION

## APPLICATION

Send
- Application
- Official Transcripts
- Pastor's Recommendation
- Teaching Evaluation

To: Martin Luther College
Ministry Certification Office
1995 Luther Ct.
New Ulm MN 56073
Phone: 507.354.8221
Fax: 507.354.8225
Email: teachingministrycert@mlc-wels.edu
Web Address: mlc-wels.edu/ministry-certification/

**Seeking certification as**   Teacher K-16   Early Childhood Teacher   Early Childhood Director   Graduate Certificate in Theology

## BIOGRAPHICAL DATA

Name _____   Phone _____
        Last            First            Middle            Maiden

Address _____
        Number and Street                                City          State          Zip

Birthdate _____   Social Security Number _____
        Month        Day        Year

Marital Status:   ☐ Single   ☐ Married   ☐ Widowed   ☐ Widowed-remarried   ☐ Separated or divorced   ☐ Divorced-remarried

Spouse _____   Birth Yrs of Children _____
        Last            First            Middle

Email _____

Racial/Ethnic Background (Used for State and Federal Government Reports) (*optional*)

***For non-Hispanic only:***

☐ Nonresident Alien
☐ Race and Ethnicity unknown
☐ Hispanics of any race

☐ American Indian or Alaska Native
☐ Asian
☐ Native Hawaiian or other Pacific Islander

☐ Black or African American
☐ White
☐ Two or more races

## CHURCH MEMBERSHIP

Name of Congregation _____   City _____   Synod _____

How long a member of this congregation? _____   Is spouse a member? _____

Pastor* _____
        Name                        Address            City            State        Zip

Year of your confirmation _____   Year of spouse's confirmation _____

*Before your application can be considered officially, a written recommendation from your pastor must be on file.
If you are presently teaching in the synod under a provisional call, validation by the head administrator is also requested.

## EDUCATIONAL HISTORY

High School Graduation: _____
                        MM/YYYY            High School Name                City                State

Colleges - Universities: _____
                        Name of Institution                        Dates attended

_____
Name of Institution                        Dates attended

_____
Name of Institution                        Dates attended

Earned degrees: _____
                Kind        Institution        Year            Major                    Minor

_____
Kind        Institution        Year            Major                    Minor

**Note:** Official transcripts from the colleges and universities must be on file before your application will be considered.

# EMPLOYMENT HISTORY
**(Since first earned degree)**

_____
Nature of position                  Employer                Place                    Dates

_____
Nature of position                  Employer                Place                    Dates

_____
Nature of position                  Employer                Place                    Dates

Present employer _____
                           Name                  Address                City                State      Zip

Position description _____

_____ Date Begun _____

## MILITARY HISTORY

Have you been in military service? _____ Dates _____Branch _____

## HEALTH DATA

Have you, or have you had, any physical disability or chronic illness? (if "yes," explain)  _____
_____
_____

Have you ever been under professional care for emotional or mental difficulties: (If so, please explain)_____
_____
_____

## OTHER INFORMATION

Have you ever been convicted of a felony?     _____ Yes     _____ No

If yes, please explain  _____

Have you ever been convicted of any kind of sexual misconduct or sexual or physical abuse? _____ Yes     _____ No

If yes, please explain  _____

Have you read and do you understand the _Guidelines for Synodical Certification of Teachers?_ _____

Are you aware that successful completion of the Synodical Certification Program does <u>not</u> imply that a call from a school in the

Synod will automatically or immediately follow? _____ Are you in agreement with the policies? _____

State reasons for seeking Synodical Certification _____
_____
_____

Date _____  Applicant's signature _____

### REMINDER - OTHER DOCUMENTS NEEDED

1. Pastor's recommendation
2. All official college and university transcripts
3. Recent Teaching Evaluation

_*Martin Luther College's Annual Security Report is public safety information about our campus and can be accessed by visiting:_
_https://mlc-wels.edu/student-life/annual-security-and-fire-report/_

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

_For office use only._

1. Pastor's recommendation                Date Received _____
2. All official college and university transcripts    Date Received _____
3. Recent Teaching Evaluation           Date Received _____

Director's Acceptance Signature _____

Date _____