



TEACHING MINISTRY CERTIFICATION

APPLICATION

Send

- Application
- 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

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:**
- | | | |
|---|--|--|
| <input type="checkbox"/> Nonresident Alien | <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Race and Ethnicity unknown | <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Hispanics of any race | <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> 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 not 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 _____