OFFICIAL STAFF USE ONLY: PATC # _

_____ Processed by _____ Date ___/___/____

FORM 14–Application for Pastor's Alternative for Teacher Certification (PATC) (A member of the Education and Leadership Ministries, National Council of Churches) As authorized by the Division of Christian Education Accreditation and Credentials of the Sunday School Publishing Board, National Baptist Convention, USA, Inc. (Pastoral Experience Must Be at Least Five Years) Applicant must include verification of five years experience as a pastor, on church letterhead, signed by church clerk or secretary. A subscription application for the Christian Education Informer journal must accompany this form (additional fees required). Personal Information: Name: City_____State _____Zip Code _____ Address: Email Address: Phone: Home (_____) ____ Daytime (_____) ____ Cell (_____) Current Pastoral Experience: Pastorate Date: Started: _____ Month/Year Name of Church: Address City State Zip Code State Convention _____NBC, USA, Inc. Other (List_____) National Convention District Association Ended Previous Pastoral Experience: Pastorate Dates: Started Month/Year Month/Year Name of Church City State Zip Code Address **Christian Education Experience** Have you attended any Christian Leadership Schools? Yes No How did you become aware of the Pastor's Alternative for Teacher Certification? **Program Description** Fifteen-hour hybrid emphasis on: Introduction to the Certificate of Progress Program (COPP); Course 2023 "Creative Ways of Teaching," along with a twohour briefing on all remaining courses required for COPP. I hereby apply for admission into the Pastor's Alternative for Teacher Certification Program. Signed ______ Applicant's Signature Date **Complete this financial section:** Appropriate fees must accompany this form. *Do not send cash! Do not staple or tape checks!* Fees included: Admissions \$______ Informer \$______ Total \$_____ Please list method of payment for this application. Make checks payable to: The Division of Christian Education Check No. _____ Cashier Check No. _____ Cashier Check No. _____ Check No. _____ Money Order No. _____ Cashier Check No. _____

DCEAC/FORM 14/Rev Dec 10