

OFFICIAL STAFF USE ONLY: PATP # \_\_\_\_\_ Processed by \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## FORM 15-Pastor's Advanced Training Program Admission Form

As authorized by the Division of Christian Education Accreditation and Credentials  
of the Sunday School Publishing Board, National Baptist Convention, USA, Inc.

Submit form to: Division of Christian Education ~ P. O. Box 70990 ~ Nashville, TN, 37207-0990

### Check your position and submit the required documentation:

- ☐ **PATC Graduate:** Copy of PATC certificate
- ☐ **Pastors/Ministers:** Letter of verification from church secretary; copy CCE(P) Phase 1 certificate; copy of course cards for 2023, *Creative Way of Teaching* and 9008, *Public Speaking* or copy of transcript evaluation
- ☐ **Assistant/associate Pastors/Ministers:** Letter of recommendation from your Pastor; copy of CCE(P) Phase 1 certificate; copy of course cards for 2023, *Creative Way of Teaching* and 9008, *Public Speaking* or copy of transcript evaluation

**Personal Information:** Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

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

Name of Church: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

District Association

State Convention

National Convention \_\_\_\_\_ NBC, USA, Inc. Other (List \_\_\_\_\_)

**Pastoral Experience:** Church \_\_\_\_\_ Position Held: \_\_\_\_\_

Church \_\_\_\_\_ Position Held: \_\_\_\_\_

How did you become aware of this Program? \_\_\_\_\_

Is your subscription to the Christian Education *Informer* journal current? Yes, \_\_\_\_ No \_\_\_\_ If no, submit a subscription application with this form along with fees.

**I hereby apply for admission into the Pastor's Advanced Training Program and will submit in a timely manner all materials needed to complete the phase requirements.**

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Applicant's Signature

**Applicant complete this financial section:** Appropriate fees must accompany this form. *Do not send cash! Do not staple or tape checks!*

Contact any certified dean or DCEAC for the current fee structure.

**Fees included:** Application \$ \_\_\_\_\_ Informer \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

**Please list the method of payment for this application. Make checks payable to: The Division of Christian Education**

Check No. \_\_\_\_\_ Money Order No. \_\_\_\_\_ Cashier Check No. \_\_\_\_\_

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