

FORM 17-Specialization Education Studies 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.

Note: You must submit a copy of your CCE(P) Diploma or your transcript evaluation sheet along with two letters of recommendation (one from the pastor and one from a district or state officer) with this application. Letters must be typed. Informer subscription must be current.

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

Date ____/____/20____

Name of Applicant: _____

Address: _____ City _____ State _____ Zip Code _____

E-mail Address: _____

Phone: Daytime (____) _____ Home (____) _____

Name of Church: _____ Pastor: _____

Church Address: _____ City _____ State _____ Zip Code _____

District Association

State Convention

Is your church a member of the NBC, USA, Inc? ____Yes ____No Other (List _____)

What area of Specialization have you chosen and why? _____

How did you become aware of the Specialization Program? _____

Current Church Work Experience

Ministry/Auxiliary _____ Position _____

Ministry/Auxiliary _____ Position _____

Other _____ Position _____

Name of Dean of Record: _____

Address: _____ City _____ State _____ Zip Code _____

Daytime Phone (____) _____ E-mail Address _____

Signed _____ Date ____/____/20____

Applicant

Signed _____ Dean No. _____ Date ____/____/20____

Dean of Record

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

Check No. _____ Money Order No. _____ Cashier Check No. _____

Check No. _____ Money Order No. _____ Cashier Check No. _____