

Form 14-Pastor's Alternative for Teacher Certification (PATC) FORM

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

(Pastors should have at least three years of pastoral experience.)

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

The pastor should submit a letter on the Church's letterhead documenting the years of pastoral experience signed by an official of the Church. Please include the Christian Education *Informer* subscription or documentation showing you have a subscription. (The Christian Education Informer fee is in addition to the PATC fee).

Personal Information: Name: _____

Address: _____ City _____ State _____ Zip Code _____

Email Address: _____

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

Current Pastoral Experience: Pastorate Date: Started: _____

Month/Year

Name of Church: _____

Address _____ City _____ State _____ Zip Code _____

District Association State Convention NBC, USA, Inc. Other (List _____)
National Convention

Previous Pastoral Experience: Pastorate Dates: Started _____ Ended _____

Month/Year

Month/Year

Name of Church _____

Address _____ City _____ State _____ Zip Code _____

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 Certified Christian Educators (CCE(P)); Course# 2023—*Creative Ways of Teaching* and a two-hour briefing on all remaining courses required for CCE(P)

I hereby apply for admission into the Pastor's Alternative for Teacher Certification Program.

Signed _____ Date _____

Applicant's Signature

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. _____

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