Please read these instructions before your proceed!

Instructions for filling out this form

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Do ***not*** complete this form within a web browser. If you are viewing this form from within a web browser, please go back to the original document link and save the PDF file to your computer. To do this with a PC, right-click on the document link and select either "Save Target As" or "Save Link As" and save. On a Mac, use Command-Click to save locally. If you try to complete this form from within a browser, some features such as saving your completed document may be unavailable. If after saving the file on your hard disk, you click to open the document and it *still* opens in a browser, you may have to open Adobe Reader as your first step, and then browse your hard disk to find the form file to open.

FILLING IN THE FORM

This form can be filled out and saved for later editing, printing, or emailing. To fill out this form, position your cursor within a light blue field, click and begin typing. When you have completed a field, tab or click to the next. Periodically save your work. The first time you may prompted to save with a different file name; you may name your file anything you want. If you include your name in the file name, that will make it easier to identify your file among other submissions. To ensure success, fill out a small portion of the form, save and exit. Open the form again and verify that your entries were saved.

STILL HAVING TROUBLE FILLING OUT AND SAVING THIS FORM?

If you are still having trouble completing and saving this form, please contact the churchwide unit responsible for the form.

Evangelical Lutheran Church in America
God's work. Our hands.

Domestic Mission Unit
Candidacy

APPLICATION TO THE ROSTER OF ORDAINED MINISTERS

PERSONS ORDAINED IN ANOTHER LUTHERAN CHURCH OR FROM ANOTHER CHRISTIAN TRADITION (OTTR)

Name: _____ _____ Social Security Number: _____

    LAST NAME   FIRST NAME/GIVEN NAME   LAST 4 DIGITS - XXXX

Synod to which you are applying to:

ORDINATION HISTORY

Ordaining Church Body: _____

Ordination Date: _____ **Dates of Service:** _____ to _____

      MM/DD/YYYY   MM/DD/YYYY   MM/DD/YYYY

Ecclesiastical Supervisor in Most Recent Ordained Service:

Name: _____ _____ _____ _____

     LAST NAME   FIRST NAME/GIVEN NAME   MIDDLE NAME   TITLE

Address: _____ _____ _____ _____

                   CITY   STATE   POSTAL CODE

Phone: _____ **Email:** _____

Is there any reason why this person should NOT be contacted? ☐ Yes ☐ No

 If yes, please explain. _____

When are you available to begin service as an ordained minister? _____

                     MM/DD/YYYY

Current ordained status: ☐ **Active** ☐ **Inactive**

 If inactive, please describe the circumstances:

Required Information

The following information is to be attached to the Application and copies are to be provided to both the Candidacy Committee and the ELCA.

1. Academic transcripts for all post-secondary education (degree or non-degree).
2. Certificates of study (if any).
3. Documentation of supervised field experience; e.g. internship, clinical education, etc.
4. Statement or certificate of ordained status in another Lutheran church body or another Christian church.
5. Letter of reference from current or former ecclesiastical supervisor.
6. If citizenship is other than U.S., provide Immigration and Naturalization Service status (or documentation if seeking to immigrate to the United States.)
7. A copy of at least one recent sermon.
8. A recent photograph. (Optional)

FOR QUESTIONS CALL 773-380-2870 ● WWW.ELCA.ORG/CANDIDACY

CSM_CANDIDACY_AROM_   1 OF 2

Essay *(Answer these questions in addition to those on the Application form and the Entrance Information form.)*

1. Please state why you seek to serve on the roster of ordained ministers of the Evangelical Lutheran Church in America.

2. Please list any significant academic, community service, ecumenical, or work-related achievements that you consider important.

I hereby apply for admission to the roster of ordained ministers of the Evangelical Lutheran Church in America.

_____   _____   _____
SIGNATURE   PRINT NAME: FIRST AND LAST   MM/DD/YYYY

Mail to Synod Office