

EVANGELICAL LUTHERAN CHURCH IN AMERICA

**MINISTRIES IN CHAPLAINCY, PASTORAL COUNSELING AND
CLINICAL EDUCATION (MCPCCE)**

PERSONAL DATA FORM

SECTION I. MAILING INFORMATION

Today's Date ___/___/___

Last Name _____ First Name _____ Middle Initial _____

Sex: [] Male [] Female Your Birthdate ___/___/___ Marital Status _____

Home Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ E-mail _____

Agency/Institution _____

Department/Division/P.O. No. _____

Agency/Institution Address _____

City _____ State _____ Zip _____

Agency/Institution Phone (_____) _____ E-mail _____

Mailing Preference [] Home [] Agency/Institution

Present Position Title _____

SECTION II. ROSTER DATA - PART A. *(Complete Part A only if presently serving in an MCPCCE or MCPCCE related ministry.)*

POSITION TYPE(S) (Please check those that best apply)

- | | |
|---|---|
| <input type="checkbox"/> Department Director/Manager | <input type="checkbox"/> Director of Education/Training |
| <input type="checkbox"/> Staff Pastoral Counselor | <input type="checkbox"/> Intern/Resident |
| <input type="checkbox"/> Corporate/Administrative | <input type="checkbox"/> Congregational Pastor |
| <input type="checkbox"/> Staff Chaplain | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Part-time chaplain (15 hrs per week or more) | |

TYPE OF AGENCY/INSTITUTION AND/OR PROGRAM PRESENTLY SERVING (Please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> General Medical Hospital | <input type="checkbox"/> Community Mental Health Center/Program |
| <input type="checkbox"/> Psychiatric Hospital/Program | <input type="checkbox"/> Social Service Agency |
| <input type="checkbox"/> Pastoral Counseling Center/Program | <input type="checkbox"/> Juvenile/Youth Children's Facility/Program |
| <input type="checkbox"/> Geriatric or Long-Term Care Facility/Program | <input type="checkbox"/> Facility for Retarded/Developmentally Disabled |
| <input type="checkbox"/> Drug/Alcohol Treatment Facility/Program | <input type="checkbox"/> Business/Industry |
| <input type="checkbox"/> Congregation | <input type="checkbox"/> Police Department |
| <input type="checkbox"/> Correctional Facility | <input type="checkbox"/> Other _____ |

AFFILIATION OF AGENCY/INSTITUTION (Please check all that apply)

Government: Federal State County City

Church Related: Lutheran Ecumenical Other Church Body) _____

Private: Non-Profit For-Profit Other: (Please specify) _____

ROSTER DATA - PART B. (Please complete as applicable.)

Year of Ordination _____ (Certification if AIM) _____ CURRENT SYNOD OF ROSTER: _____

Roster Status

- | | |
|---|--|
| <input type="checkbox"/> Clergy, Active, With Call | <input type="checkbox"/> Clergy, Retired |
| <input type="checkbox"/> Clergy, On Leave from Call | <input type="checkbox"/> ELCA Deaconess |
| <input type="checkbox"/> Lay, Commissioned | <input type="checkbox"/> Associate in Ministry, With Appointment |
| <input type="checkbox"/> Associate in Ministry, Without Appointment | <input type="checkbox"/> LDA Deaconess |
| <input type="checkbox"/> Lay (other) _____ | |
| <input type="checkbox"/> Other Status (specify) _____ | |

PRESENT SOURCE OF CALL (Please identify the name of synod, churchwide board, or congregation in space available.)

Synod _____ Churchwide Board _____ Congregation _____ Church Council

Are MCPCCE ministry functions specific to the present position to which you are called? Yes No

What percentage of your work is MCPCCE related? _____%

SECTION III. PROFESSIONAL DATA (Complete only if currently serving in/or seeking a position in an MCPCCE ministry or MCPCCE-related ministry.)

CURRENT MEMBERSHIPS/CERTIFICATIONS IN PROFESSIONAL MCPCCE ORGANIZATIONS

American Association of Pastoral Counselors (AAPC)

- PCT (Year _____)
- Member (Year _____)
- Fellow (Year _____)
- Diplomate (Year _____)
- Other _____ (Year ____)

Association for Clinical Pastoral Education (ACPE)

- Acting or Associate Supervisor (Year _____)
- Full Supervisor (Year _____)
- Clinical Member (Year _____)
- Other _____ Year _____

Association of Professional Chaplains (APC)

- Board Certified (Year _____)
- Associate (Year _____)
- Affiliate _____

Amer.Assn. of Marriage and Family Therapy (AAMFT)

- Clinical Member (Year _____)
- Supervising Member (Year _____)

Other _____

American Correctional Chaplains Assoc. (ACCA)

- Member (Year _____)
- Certified (Year _____)

International Conference of Police Chaplains (ICPC)

- Member
- Certified Member

Amer. Assn. of Mental Retardation - Religion Division

- Certified Member
- Member

PROFESSIONAL POSITIONS SERVING IN MCPCCE MINISTRIES

Institution/Location Institution Type Position Dates

Number of years of service in MCPCCE ministry _____

Number of years of service in congregational ministry _____

CONGREGATIONAL MINISTRY EXPERIENCE (i.e., positions/calls without professional MCPCCE focus)

Congregation/Location Position Dates

SECTION IV. MCPCCE ENDORSEMENT STATUS

PLEASE CHECK ONE OF THE FOLLOWING:

- _____ **Previously endorsed through LCUSA (1967-1988)** **Date** _____
- _____ **Previously endorsed through ELCA (Since 1988)** **Date** _____
- _____ **Unsure of endorsement status**
- _____ **Not MCPCCE Endorsed, but presently applying for MCPCCE Endorsement**
- _____ **Not MCPCCE Endorsed**
- _____ **Other**

(specify) _____

SECTION V. OTHER FILE DATA *(Complete only if currently serving in or seeking a position in an MCPCE ministry or MCPCE-related ministry.)*

COLLEGE, SEMINARY, GRADUATE STUDY **YEARS** **YEAR OF**
Schools Attended/Location **MAJOR** **ATTENDED** **GRADUATION** **DEGREE**

CLINICAL PASTORAL EDUCATION **TYPE OF** **NO. OF**
Center/Location **INSTITUTION** **DATES** **UNITS** **SUPERVISOR(S)**

OTHER CLINICAL EDUCATION/TRAINING FOR MCPCE MINISTRY (e.g. AAPC, Institutes, etc.)
Center/Location

TYPE **DATES** **OUTCOME/CREDIT**

MEMBERSHIPS/CERTIFICATIONS IN OTHER PROFESSIONAL SOCIETIES (AAMFT, APC, etc.)

OTHER SIGNIFICANT PROFESSIONAL POSITIONS/EXPERIENCE (Administration, education, etc.)

Institution/Location **INSTITUTION TYPE** **POSITION** **DATES**

AREAS OF SPECIAL PROFESSIONAL EXPERTISE OR INTEREST

PUBLICATIONS (List only most significant)

RETURN TO: The Rev. Judith E. Simonson, Mission Coordinator
Ministries in Chaplaincy, Pastoral Counseling and Clinical Education (MCPCE)
227 Creek Road, Artemas, PA 17211
Judith.simonson@elca.org