

**EVANGELICAL LUTHERAN CHURCH IN AMERICA**

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

**PERSONAL DATA FORM**

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**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 \_\_\_\_\_

**Association of Mental Health Clergy (AMHC)**

- Member (Year \_\_\_\_\_)
- Certified (Year \_\_\_\_\_)

**American Correctional Chaplains Assoc. (ACCA)**

- Member (Year \_\_\_\_\_)
- Certified (Year \_\_\_\_\_)

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

- Clinical Member (Year \_\_\_\_\_)
- Supervising Member (Year \_\_\_\_\_)

Other \_\_\_\_\_

**Amer. Assn. of Mental Retardation - Religion Division**

- Certified Member
- Member

**International Conference of Police Chaplains (ICPC)**

- Member
- Certified Member

**PROFESSIONAL POSITIONS SERVING IN MCPCCE MINISTRIES**

Institution/Location

Institution Type

Position

Dates

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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

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**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) \_\_\_\_\_

