

***Please read these instructions before your proceed!***

## Instructions for filling out this form

This is a fillable PDF form. You will need either Adobe Acrobat or Adobe Reader to complete and save this form. Adobe Reader may be downloaded for free at <http://get.adobe.com/reader>.

### USE ONLY ADOBE READER

Please do **not** complete this form using other PDF readers than Adobe Reader. Please don't complete this form using Apple Preview. If you use Preview, some features such as saving your completed document may be unavailable, or responses won't be visible when they are submitted. Use Adobe Reader; this free application may be downloaded at <http://get.adobe.com/reader>.

### USE THE MOST RECENT VERSION OF ADOBE READER

While we attempt to make forms backward compatible, for the best results, use the most recent version of Adobe Reader, available for free download at <http://get.adobe.com/reader>.

### DO NOT COMPLETE THIS FORM FROM WITHIN A BROWSER

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 be 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.



## APPLICATION FOR REGISTRATION AS A PSYCHOLOGICAL CONSULTANT

Registration is required for any psychological consultant who contracts with a synod of the Evangelical Lutheran Church in America for services related to candidacy process requirements. The psychological evaluation is intended to provide an objective and professional evaluation regarding an individual's emotional health. This evaluation gives the candidacy committee information regarding a person's suitability for the rigors of public ministry.

All psychological consultants must be registered with the ELCA. Information regarding the mental health professional's education, experience, professional affiliations, and licensure must be submitted on the appropriate form.

Specifically, to be registered with the ELCA, the psychological consultant must:

- A. Be licensed to practice independently as a psychologist

**OR**

Be licensed to practice as a mental health professional and have a consulting psychologist registered with the ELCA oversee the psychological testing, provide face-to-face feedback, and co-sign the evaluation report;

- B. Demonstrate through professional education, experience and affiliations both competence and an ongoing commitment to professional growth;
- C. Display interest in working with the Evangelical Lutheran Church in America and have an understanding of the theological concerns and ecclesiastical goals of the Candidacy Committee;
- D. Be open to responding to the expressed needs of this Church concerning its future rostered leaders.

Those seeking registration as consultants to synod Candidacy Committees should carefully read the guidelines and complete the application form.

### 1. PERSONAL INFORMATION

Name: \_\_\_\_\_  
LAST NAME FIRST NAME/GIVEN NAME TITLE

Address: \_\_\_\_\_  
CITY STATE POSTAL CODE

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Licensure as: \_\_\_\_\_

States of Licensure:

Synods for which you will serve as a consultant.

STATE LICENSE NUMBER  
STATE LICENSE NUMBER  
STATE LICENSE NUMBER

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Synod Representative who recommends you: \_\_\_\_\_

## 2. EDUCATION

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*(Please complete the following or attach a vita that contains the information requested.)*

### College/University/Seminary

Institution: \_\_\_\_\_ Dates attended: \_\_\_\_\_  
MM/YYYY - MM/YYYY

Location: \_\_\_\_\_ Major: \_\_\_\_\_ Degree: \_\_\_\_\_

### Graduate School

Institution: \_\_\_\_\_ Dates attended: \_\_\_\_\_  
MM/YYYY - MM/YYYY

Location: \_\_\_\_\_ Major: \_\_\_\_\_ Degree: \_\_\_\_\_

### Post Graduate

Institution: \_\_\_\_\_ Dates attended: \_\_\_\_\_  
MM/YYYY - MM/YYYY

Location: \_\_\_\_\_ Major: \_\_\_\_\_ Degree: \_\_\_\_\_

### Special Courses

Institution: \_\_\_\_\_ Dates attended: \_\_\_\_\_  
MM/YYYY - MM/YYYY

Location: \_\_\_\_\_ Major: \_\_\_\_\_ Degree: \_\_\_\_\_

Class(es): \_\_\_\_\_

## 3. PROFESSIONAL EXPERIENCE

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Employer: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Location: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
MM/YYYY - MM/YYYY

Employer: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Location: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
MM/YYYY - MM/YYYY

Employer: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Location: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
MM/YYYY - MM/YYYY

**4. PROFESSIONAL MEMBERSHIP & OTHER CERTIFICATIONS/STATUS**

*(e.g.- APA, AAPC, AAMFT, AASECT, etc.)*

Membership:

Certification or Status

_____	_____
_____	_____
_____	_____
_____	_____

**5. RELIGIOUS AFFILIATION**

*(State your religious affiliation and describe your interest in church-related work.)*

**6. GRADUATE-LEVEL COURSEWORK/TRAINING IN PSYCHOMETRICS — CHECK ANY THAT APPLY**

	School/CEU	Year
<input type="checkbox"/> Tests and measurements theory	_____	_____
<input type="checkbox"/> MMPI (Minnesota Multiphasic)	_____	_____
<b>Other Personality Instruments</b>		
<input type="checkbox"/> CPI (California)	_____	_____
<input type="checkbox"/> 16PF	_____	_____
<input type="checkbox"/> MBTI (Myers-Briggs)	_____	_____
<input type="checkbox"/> Other	_____	_____
<b>Intellectual Measurements</b>		
<input type="checkbox"/> WAIS	_____	_____
<input type="checkbox"/> Shipley	_____	_____
<input type="checkbox"/> CMT (Terman Concept)	_____	_____
<input type="checkbox"/> Other	_____	_____

**Vocational**

- SII (Strong) \_\_\_\_\_
- Other vocational \_\_\_\_\_

**Special Skills**

- Multicultural Interpretation \_\_\_\_\_
- Alternate Language Forms \_\_\_\_\_
- Other special skills \_\_\_\_\_

## AFFIDAVIT OF LEGAL AND ETHICAL STANDING

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- 1. Has your professional license or certification ever been revoked, suspended or voluntarily relinquished?  Yes  No
- 2. Have you ever been placed on probationary status by a professional licensing/credentialing body?  Yes  No
- 3. Has a professional licensure/credentialing body ever rejected your application because of legal or ethical issues?  Yes  No
- 4. Have you ever been charged with a felony, crime or ethical violation?  Yes  No

I certify that the information provided by me on this application is accurate and complete to the best of my knowledge. I swear to conduct myself personally and professionally in compliance with the Statutes and Rules which govern my licensure, and by the Code of Ethics of my national organization: \_\_\_\_\_

PLEASE INDICATE APPROPRIATE ORGANIZATION

\_\_\_\_\_  
SIGNATURE PRINT NAME: FIRST AND LAST MM/DD/YYYY

License: \_\_\_\_\_  
STATE

- Enclose also:**
- 1. **Copy of current license/certification**
  - 2. **Copy of current malpractice insurance**

The summary report provided to the applicant, the candidacy committee, and the seminary is not a technical clinical report but an accurate, readable summary of testing and interview results, ministry possibilities and recommended growth areas. If follow-up therapy is indicated and initiated, a more detailed report with specific scores, diagnosis, etc., should be made available to an appropriate professional upon the applicant's request.

The applicant should be asked to sign a release of information after the evaluation has been completed and the most pertinent contents of the summary have been shared with the applicant in the feedback session. The applicant may choose to not sign an informed release, although the applicant should know that a report is needed before the Candidacy Committee can make an entrance decision.

**Please read carefully and check the appropriate boxes.**

- I have read the "Guidelines for Psychological Evaluation" of the Evangelical Lutheran Church in America and I am willing to provide services consistent with the intent of these guidelines.
- I am a licensed psychologist **OR**
- I am a licensed mental health professional. The name of the psychologist who will oversee the administration, scoring, as well as provide face-to-face interpretation of the MMPI and similar specialized personality inventories is:

\_\_\_\_\_  
NOTE: THE CONSULTING PSYCHOLOGIST MUST ALSO BE REGISTERED WITH THE ELCA.

- The above information is correct and accurate to the best of my knowledge.



\_\_\_\_\_  
SIGNATURE PRINT NAME: FIRST AND LAST MM/DD/YYYY

To unlock form, right-click on signature and select Clear Signature