



Federation of Christian Ministries

Application for Certification/Commissioning

Instructions for Completing the Application for Certification/Commissioning

1. Before completing your application, please read the **FCM Constitution** and **By Laws** section on certification/commissioning as well as the **Certification/Commissioning Policy Statement**, **FCM Ethics Statement** and the **Professional Practices Statement**. These documents can be found in your New Member Packet or are part of this application.
2. Identify three people whom you will ask to write letters of endorsement for you. One of these must be a current member of FCM. Contact the three people and request a letter of endorsement.
3. Select someone to serve as your ministry colleague -- a person with whom you can exchange ministry concerns and mutually assist in professional/spiritual growth.
4. Complete a one-page statement of your ministerial self understanding. This includes a description of your ministry and your reason(s) for seeking certification/commissioning, and how you will maintain your community relationship with FCM.
5. Complete an additional statement of your professional skills and education/training in regard to your ministerial self-understanding, including either professional skills and education/training already attained or a plan to acquire them.
6. Fill in the application form below and complete the Professional Practices Statement on the reverse side. Be as complete as possible in your answers.
7. Mail your packet and enclose your:
 - a. Completed application form (below).
 - b. Statement of ministerial self understanding.
 - c. Statement of professional skills and education/training.
 - d. Updated resume.
 - e. Check for \$100 made out to Federation of Christian Ministries.
8. **Mail this completed application packet to your Regional Vice President(s) at their address listed on the FCM website under the heading Circle of Directors.** Application for certification/commissioning materials must be received two weeks before the next semi-annual Circle of Directors meeting. Applications received after the stipulated time will be processed at the following Circle meeting. For Circle meeting dates consult your Vice-President(s).

Certified/commissioned members are responsible for:

- Their own liability insurance.
- Their own professional license(s).

APPLICATION

Name: _____	Date: _____
Street: _____	City: _____ State/Zip: _____
Home Phone: _____	E-mail: _____
Are you a member of FCM? _____	Date of Membership: _____

List FCM activities/events in which you have participated:

Why do you need certification/commissioning?

Names of 3 people (one FCM member) who will submit letters of recommendation to support your application:

Name and address of your chosen ministry colleague:

Do you belong to a primary faith community? _____ Name of community? _____

Does the community support your request for certification?

I have read and agree to abide by FCM's Constitution/By Laws, Certification/Commissioning Policy Statement and Professional Practices/Ethics Statement.

Your Signature: _____

Presentation for certification/commissioning does not automatically ensure that the candidate will be certified/commissioned.

CERTIFICATION/COMMISSIONING IN FCM IS BASED ON THE FOLLOWING PROFESSIONAL PRACTICES STATEMENT

It is the position of FCM that each member of FCM holds primary responsibility for maintaining appropriate professional and personal boundaries in all ministerial relationships. It is also assumed that when a person joins FCM, and especially when certified/commissioned, that he/she has attained emotional and sexual maturity thereby allowing the FCM member to minister comfortably with persons of any age or gender who may come for assistance.

Therefore, membership and certification/commissioning in FCM is based on the following representations, and the signature of the applicant for certification/commissioning will indicate understanding of, and agreement with, these standards.

Please circle Yes or No to the following questions. If your answer is Yes to any of them, please give full particulars on a separate sheet of paper for your application to be considered

1. Have you ever been convicted of or charged with a crime in any state or country, the disposition of which was other than acquittal or dismissal? (A juvenile finding of responsibility or involvement, or similar determination, shall be explained as if it were an adult conviction. Any probation before verdict or similar disposition program shall be fully documented as well.) **Yes No**

2. Has any certifying or licensing board or professional ethics body in any state or country ever required you to surrender your license or certificate or found you guilty of a violation of ethics codes, professional misconduct, unprofessional conduct, incompetence or negligence (including alternative dispute resolution cases)? **Yes No**

Are there any complaints, charges or investigations by any certifying or licensing board or professional ethics body pending against you in any state or country for violation of ethics codes, professional misconduct, unprofessional conduct, incompetence or negligence (including alternative dispute resolution cases)? **Yes No**

4. Have you ever had any insurance company or Lloyd's decline, cancel, refuse to renew or accept only on special terms any professional liability insurance? **Yes No**

5. Has any professional liability claim or suit ever been made against you (including alternative dispute resolution cases) **Yes No**

6. Are there any circumstances of which you are aware that may result in any professional liability claim or suit being made against you (including alternative dispute resolution cases)? **Yes No**

7. Have you ever been accused of sexual misconduct with any of your current or former clients including but not limited to spiritual direction clients, mental health clients, or any other persons with whom you have had a professional, pastoral or other similar relationship of confidence and trust, or with any current or former client's spouse or with any person in a close personal relationship to the client or former client (for example, a guardian, blood relative or the client or spouse of any person sharing the client's domicile)? For purposes of this inquiry, "client" shall include, but is not limited to, persons with whom you have or have had, at any time, any professional, penitential or any other pastoral relationship. **Yes No**

FCM ministers are required to follow state and federal laws for clearance to minister to vulnerable populations, eg, children, elderly.

The Federation of Christian Ministries does not assume nor accept responsibility for the actions and practices nor the results therefrom of any of its ministers, present or past.

The applicant for certification/commissioning hereby represents that to the best of his/her knowledge, the statements set forth herein are true. If the information supplied herein changes between the date of application and the time when the FCM certification/commissioning is issued or renewed, or subsequently at any time the applicant remains a member of FCM, the applicant shall immediately notify FCM.

WAIVER AND RELEASE FORM

I know that membership in FCM is based on the above representations, and my signature below indicates the understanding of, and the agreement with, these standards. By submitting this form, I consent to the exchange of information and documents among any and all persons, institutions, individuals, licensing agencies, and federal and state governmental bodies with whom I have been associated that are material to evaluating and monitoring my professional practices, qualifications, competence, morality and ethics. I understand that the Federation of Christian Ministries will rely upon the information given in this form to certify/commission me in the Federation. I also agree to inform the Federation of any changes or modifications to the information provided herein, so that at all times the Federation will have accurate and current information.

Date _____

Print Name _____

Signature _____

This application does not bind either FCM or the applicant for certification/commissioning. However, it is agreed that this form shall be an integral part of the contract should certification/commissioning be granted and will be attached to and made part of the applicant's certification/commissioning file. This application must be signed, dated, fully completed and accompanied by the required fee.