



Corporation of Seventh-day Adventists®

13405 N. SCOTTSDALE ROAD, SCOTTSDALE, AZ 85254
MAIL: PO BOX 12340, SCOTTSDALE, AZ 85267
PHONE: (480) 991-6777 FAX (480) 991-4833
<http://www.azconference.org>

CHAPLAIN APPLICATION FOR ORDINATION/CREDENTIAL

Arizona Conference Corporation understands and values the importance of supporting professional chaplains who are serving in ministry within our territory and work for Seventh-day Adventists Institutions (NAD WP FA 13). Therefore, if you meet our requirements and are interested in applying either for ordination and/or credentials, please complete this application and submit it to the office of the Executive Secretary. Once we review this, you will be notified in writing of our decision. Thank you for the opportunity to serve you.

For Seventh-day Adventist Chaplains who work for **non-Seventh-day Adventist Institutions**, contact North American Division Chaplaincy Ministry as they are responsible for issuing this type of credential/license. (NAD WP FA 13 60)

Name: _____ Date: _____

Address: _____

Telephone: _____ (Home) _____ (Cell) _____ (Work)

Date of Ordination (if applicable): _____

Employer Name: _____

Employer Address: _____

Please Indicate Your Request: Ordination Credential Both

Please Verify the Following Arizona Conference Corporation Requirements:

- I am registered with the NAD Adventist Chaplaincy Ministry.
- I am a member of the _____ church.
- I am actively involved in my local church.
- I am faithful in returning my tithe to my local church.
- I am willing to offer my services to the Arizona Conference Corporation when needed.
- I am willing to attend professional development programs from both the North American Division and the Arizona Conference Corporation as my schedule will allow.

Signature

Date

For Office Use Only

- Approved by Administrative Committee Date: _____
- Approved by Executive Committee Date: _____

Executive Secretary