

# Affiliating Ministerial Licensing Application

**To the Applicant:** The CORE Council of the United Centers for Spiritual Living requires all candidates seeking placement as a United Centers for Spiritual Living Minister to successfully complete the licensing process which includes psychological, written and oral examinations. Final approval is given by the CORE Council. Please complete and send this application and all other requested documents to:

Growth, Expansion and Ministerial Support  
 United Centers for Spiritual Living  
 573 Park Point Drive  
 Golden, Colorado 80401

***THIS APPLICATION MUST BE TYPED***

## Personal Information

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Sex \_\_\_\_\_

Address \_\_\_\_\_  

Street & Number
Apt. #


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City
State
Zip
How Long?

Note: If you have lived at this address less than 5 years, provide your previous addresses, as well.

Telephone \_\_\_\_\_ Email \_\_\_\_\_  

Home
Business

Birthplace \_\_\_\_\_ Birth date \_\_\_\_\_  

City/State
Month/Day/Year

**Retirement Plan Information**

Marital Status:    Married     Single     Widowed     Divorced     Other

# of Dependents \_\_\_\_\_ Name of Spouse/Partner: \_\_\_\_\_  
Maiden Name if Applicable

Spouse's Birth Date \_\_\_\_\_ Social Security # \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

## Educational Information

School Attended	Name and Address	Graduated	Course/Major/Degree
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Junior College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or Univ.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School		<input type="checkbox"/> Yes <input type="checkbox"/> No	

School Attended	Name and Address	Graduated	Course/Major/Degree
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Holmes Institute			
Other Schools of Ministry		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Science of Mind Class work	Church & City Where Taken	Year Completed
Science of Mind I		
Science of Mind II		
Foundational Class		
Spiritual Development Units Treatment & Meditation Roots Self-Mastery		
Practitioner I		
Practitioner II		
Practitioner Training in Another Denomination		

Year Licensed as a UCRS Professional Practitioner

Other Professional Credentials

### Employment Information

List all jobs you have held in the last five years. Begin with your current position.

Company Name Address	Dates Emp. Mo. Yr.	Type of Work Performed Name/Title of Supervisor	Specific Reason for Termination
	FR		
	TO		
	FR		
	TO		
	FR		
	TO		

Company Name Address	Dates Emp. Mo. Yr.	Type of Work Performed Name/Title of Supervisor	Specific Reason for Termination
	FR		
	TO		
	FR		
	TO		

I authorize the companies listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

### Additional Information

Please attach a separate narrative biographical sketch of major aspects of your life and career(s). Also, answer or explain answers to the following questions, being sure to number your responses. Please put your name and the date at the top of each page.

1. A. List your church membership history, including dates.  
 B. Describe your history of involvement in church leadership activities, including dates.  
 C. Describe your history of church teaching experience, including dates.  
 D. Describe your history of involvement in UCRS organization leadership activities, including dates.
2. Please express your personal and candid reasons for wishing to become a minister with the United Centers for Spiritual Living.
3. What attributes do you feel you possess that will make you a successful minister?
4. How has Science of Mind Changed your life? Please be very specific:
5. What kind of ministry do you intend to create for yourself?
 

Yes	No	
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6. Have you ever been arrested and/or convicted of a felony?  Yes  No  Explain Yes answer
7. Have you ever had any serious mental problems for which you have received counseling or hospitalization?  Yes  No  Explain Yes answer
8. Do you have any disabilities which would prevent you from fulfilling the physical requirements of ministry?  Yes  No  Explain Yes answer

### I affirm that I understand, accept and agree to all of the following:

- I am a member of a UCSL Church of Religious Science and not a member of a church of any other denomination.
- I am willing to make the principles and techniques as presented in the *Science of Mind* by Ernest Holmes the basis for my teaching and practice as a Minister of Religious Science.
- I am willing to abide by the Ministerial, Practitioner, and Educational Codes of the United Centers for Spiritual Living.
- I am willing to be governed by the Bylaws of the United Centers for Spiritual Living, and by the Bylaws and Affiliation Agreement of my member church or non-profit organization.
- I understand that my ministerial license will be issued with an expiration date, subject to renewal by the CORE Council.

- I understand that if I disassociate myself from the affiliated church/non-profit organization which I serve, my licentiate is automatically terminated.
- I understand that a Minister under licentiate status is not eligible to participate as the Presiding, Presenting or Ordaining Minister in Ordination ceremonies.
- I understand that the licentiate recognition does not automatically lead to Ordination.
- I understand that any omission or misrepresentation of material fact in this application may result in refusal or revocation of license.

I certify that the foregoing is true and correct to the best of my knowledge and belief. I hereby authorize the Growth, Expansion and Ministerial Support Department to investigate any of my personal, academic and financial background deemed necessary.

A \$300.00 non-refundable Application Fee accompanies this form.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please enclose a recent photograph with this application**