

Practitioner Licensing Application

To the Applicant: The United Centers for Spiritual Living requires each candidate seeking licensing as a United Centers for Spiritual Living Practitioner to successfully complete the licensing process which includes written and oral examinations. Please complete and send this application, and requested attachments, with a non-refundable testing fee of \$150.00, to:

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

PLEASE TYPE OR PRINT LEGIBLY

Personal Information: ID# _____ *(to be filled in by International Headquarters)*

Name _____ Social Security# _____ Sex _____

Name as it is to appear on your license-no titles

Other name(s) by which you may have been registered for UCSL classes _____

Address _____

Street & Number

Apt. #

Telephone (____) _____ (____) _____

City

State/County

Zip/Postal Code

How long?

Home

Business

E-Mail address: _____

United Centers for Spiritual Living Member Church where membership is currently held:

Name of Church _____

Location of Church _____ How long? _____

If membership has been for less than 18 months, please give name and location of previous UCSL church:

Church where you completed/are now completing Practitioner II (if different than where you hold membership): _____

Educational Information

High School _____ Year(s) _____ Diploma? Yes No

Name and Address

Junior College _____ Year(s) _____ Degree? Yes _____

Name and Address

Major

College/Univ. _____ Year(s) _____ Degree? Yes _____

Name and Address

Major

Grad. School _____ Year(s) _____ Degree? Yes _____

Name and Address

Discipline

Other academic certifications, equivalences, honorary degrees, or professional credentials: _____

Science of Mind Certificated Classwork

	Church name(s) and location(s)	Year completed
Science of Mind I (old curricula)	_____	_____
_____	_____	_____
Science of Mind II (old curricula)	_____	_____
Foundational Course	_____	_____
Spiritual Development Unit (SDU): Roots of SOM	_____	_____
SDU: Self-Mastery	_____	_____
SDU: Treatment & Meditation	_____	_____
Other SDU: _____	_____	_____
Other SDU: _____	_____	_____
Practitioner I	_____	_____
Practitioner II	_____	_____
Other classes: _____	_____	_____

Credentials, recognitions, or licenses issued by metaphysical/spiritual organizations other than the United Centers for Spiritual Living, showing date of issuance and by whom issued:

Have you previously been trained or licensed as professional Practitioner or Minister of UCSL or another organization? No Yes (Please Explain) _____

Work History

Please list all the jobs you have held in the last five years, beginning with your current position.

Company name and address	From	Your position
Brief description of the work you perform		
Company name and address	From/to	Your position
Brief description of the work you performed, and reason for leaving		
Company name and address	From/to	Your position
Brief description of the work you performed, and reason for leaving		
Company name and address	From/to	Your position

Additional Information

Please complete and attach a separate page to 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 additional page.

1. What was your religious training or affiliation prior to Religious Science?
2. How long have you been interested in Religious Science?
3. Please list the activities of your church in which you have participated.
4. Have you ever practiced an addiction to alcohol, drugs, or other mood-altering substances or processes?
 Yes No

If "Yes," please describe what you have been doing about this, and for how long.

5. Have you ever been convicted of a felony?
 Yes No

If "Yes," please describe the circumstances and the final disposition.

6. Have you ever had psychological problems which required intensive counseling or hospitalization?
 Yes No

If "Yes," please explain the situation and where you feel it stands today.

Please attach here
a photo of yourself
taken within the
last six months.

Practitioner Licensing Application

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

- I am an active, loyal and supporting member of the following UCSL Church of Religious Science:

Name and address of member church

Name of Minister

- It is my desire and intention to become a Licensed Practitioner.
- I shall, while functioning as a licensed Religious Science Practitioner, adhere faithfully and exclusively to the principles and techniques as taught from the Science of Mind and prescribed by the United Centers for Spiritual Living.
- I shall abide by matters of policy, conduct, and ethics governing the practice of Religious Science Practitioners as set forth in the authorized Code of Recognition, Policy and Procedure.
- I understand that failure to comply with the current Practitioner Code may lead to the termination of my license.
- I shall devote regular time to the professional practice of Religious Science and maintain adequate facilities for same.
- I understand that the license is to be renewed every two years.
- I understand and agree that the fees paid by me are not refundable by the United Centers for Spiritual Living, whether I am accepted or found not qualified.
- I agree to release the United Centers for Spiritual Living from any liability arising from the results of its investigation of any statements I have made in this application and its attachments.
- 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, and authorize the Growth, Expansion and Ministerial Support Department of the United Centers for Spiritual Living to make any investigation into the contents of this application that it may deem necessary.
- I understand that I will be added to the INFO ONLY Practitioner listserv when I pass my licensing panels.

Signature of Applicant

Date

Minister's Recommendation for Practitioner Licensing

I hereby certify that this Practitioner candidate has been an enrolled, active, loyal and supporting member of this Church for _____ years.

I hereby recommend this candidate be granted a license as a Religious Science Practitioner. I believe this applicant to be properly trained in Religious Science principles and to have developed the art and skill of the professional licensed Practitioner. From my personal and professional contact with him/her, I believe he/she to be grounded in these principles as evidenced by his/her application of them. Remarks:

Signature of Minister

Church Office Phone Number

Date

E-mail address