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CANDIDATE FOR DIACONAL MINISTRY

Academic Criteria and Theological Education Information and Planning Guide

**Complete this form and send to your Synod Office.
Arrange for your academic transcripts to be sent to the Synod Office.**

Name: _____ Synod: _____

Congregation: _____ City/Province: _____

Candidate Address: _____

Phone Number(s): _____ E-mail: _____

Expected Field of Service as Deacon

Education	Music/Arts	Administration	Service/General	Outreach
Youth	Health Care	Counselling	Social Ministry	
Other	_____			

Education*

College: _____ Major: _____

Degree: _____ Date of Graduation: _____

Graduate work completed: _____ School: _____

Degree: _____ Field: _____ Date of Graduation: _____

***If you do not hold a bachelor's degree, please refer to Addendum 1 "Equivalencies and Alternatives...." (*Candidacy Manual*, page 45) and consult the Candidacy Committee.**

Professional Certification

Do you hold a professional certification or licensure in your field? Yes No

If YES, please complete the following and send a copy of your certificate with this form.

Certification or license: _____

Date of Certification/Licensure: _____ Issuing Agency: _____

Do you belong to or are you applying to a deaconess community? Yes No

Which one: Deaconess Community of the ELCA Lutheran Diaconal Association Other:

Candidate for Diaconal Ministry - Theological Education Worksheet

Name: _____ Synod: _____

<i>CORE CURRICULUM</i>	<i>COURSE TITLE</i>	<i>ACADEMIC INSTITUTION</i>	<i>DATE</i>	<i>CREDITS COMPLETED</i>
BIBLE - Old Testament				
- New Testament				
THEOLOGY/ETHICS - Lutheran Confessions and Theology				
- Systematic Theology				
CHURCH HISTORY - Theology of Diaconal Ministry				
Specialization focus				

ELCIC Formation Event N/A Event Date:

Total Credits Planned:

Total Credits Completed: