

**Dear Applicant:**

Below is the application for the Certificate Program in Spiritual Formation and the Art of Spiritual Direction. These materials contain all the information you need regarding the standards, costs, and requirements necessary to apply for this program. This packet includes:

1. The application form
2. The Christian faith narrative form
3. Three letters of recommendation forms (professional, spiritual/pastoral, personal)\*

*\*These letters need to be completed separately. They are available to be downloaded individually from the [website](#) and may be e-mailed to each of your references.*

Included is an instruction sheet that will guide you through the application process. You will also find the instructions for writing your Christian faith narrative. After you have downloaded this packet, you can save your progress as you go (Save As: "SF-SD Application - Your Name").

**When you complete the application packet, send it to us at:**

[direction@hcminternational.org](mailto:direction@hcminternational.org). Once we receive your Application and Faith Narrative, we will confirm via e-mail. Please save a copy of these for your records in the event that we need to request them again. We recommend that your references do the same with the reference forms. Thank you for your help in this process.

Should you need any assistance or have any questions, please call us at 419-285-6250 or 804-277-3831.

God bless you in your pursuit of excellence in ministry to God's people. It is such an honor for us to partner with you in your growth and development for His glory. We look forward, with great anticipation, to our shared journey.

Sincerely,

Dr. R. Neal Siler, Executive Director  
Dr. Proctor Beard, Program Director  
Alice Young, Faculty

# APPLICATION PROCEDURE

You are beginning a process that will ultimately provide you with a Certificate in Spiritual Formation and the Art of Spiritual Direction. This is an important step toward your ministry to God's people. Be assured that we take this commitment to serve your personal and professional growth with the utmost seriousness.

## **To complete the process, you will need to provide the following:**

- The application form
- A written Christian faith narrative
- A professional recommendation
- A spiritual/pastoral recommendation: does not need to be a church pastor, but someone who can endorse your aptitude for ministry
- A family/friend recommendation
- Applicant's picture
- \$50.00 non-refundable application fee
  - [Payment by credit/debit card](#)
  - Payment by check: Write "SD Application Fee" in the memo line.
    - Please mail check to:  
Healing Care Ministries  
83 SR-42  
West Salem, OH 44287

Explanations of these items are included in the material below. If you have further questions call Korinne at 804-277-3831.

# APPLICATION FOR THE CERTIFICATE PROGRAM IN SPIRITUAL FORMATION AND THE ART OF SPIRITUAL DIRECTION

Name      
Last First Middle Title

Address

City  State  Zip

Email Address

Cell/Business phone  Home phone

For Clergy: Ordained? Yes  No  Birthday (**Only** MONTH/DAY):

Church affiliation

Church address

Current pastor/number of years under his/her leadership

Church/pastor e-mail/phone #

Date attended Formational Prayer Seminar

Optional information: Race  Male  Female

Food Allergies (for meal prep)

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**TO BE COMPLETED BY ADMINISTRATIVE STAFF:**

Application received

Application fee paid

Applicant's picture

Family/friend recommendation

Professional recommendation

Spiritual recommendation

Written Christian faith narrative

Notification of acceptance

Remarks

**EDUCATIONAL BACKGROUND**

In the order attended list the seminaries, universities, and graduate schools in which you have been enrolled.

School & Location		
Dates Attended		Course of Study
Degree		Date Received

School & Location		
Dates Attended		Course of Study
Degree		Date Received

School & Location		
Dates Attended		Course of Study
Degree		Date Received

School & Location		
Dates Attended		Course of Study
Degree		Date Received

School & Location		
Dates Attended		Course of Study
Degree		Date Received

Please explain the relationship of your past education with your current **desire** to receive a Certificate in Spiritual Formation and the Art of Spiritual Direction.

**MINISTRY EXPERIENCE**

What church vocation and/or ministry experience have you had?

Dates	
Where and how employed?	

Dates	
Where and how employed?	

Dates	
Where and how employed?	

Other	
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What experience have you had with formational and/or inner healing prayer?

What experience have you had with spiritual formation and/or direction?

**WORK EXPERIENCE**

What business and occupational experience have you had?

Dates

Where and how employed?

Other

**OTHER SEMINARS/TRAINING**

What other seminars have you attended sponsored by Healing Care (Integrating, Essentials, Summer Intensive, etc.) or Healing Care Ministries?

**SIGNATUR**

**DATE**

# SPIRITUAL FORMATION AND THE ART OF SPIRITUAL DIRECTION

## CHRISTIAN FAITH NARRATIVE

Dear Applicant:

Please prepare a written Christian faith narrative that is three-to-five pages in length. The purpose of this exercise is to help us get acquainted with you. Do not merely answer questions, but use the following for your Christian faith narrative:

**Write about your Christian faith journey.**

- Describe your spiritual formation and conversion – your initial sense of awareness of God.
- What is the church and denomination of your present membership?
- What is your role in the life of that congregation?
- What has been the process through which you have discerned your call to pursue training in spiritual formation and direction?
- What encouragement have you received from family or significant friends regarding your desire to serve in the ministry areas of spiritual formational and spiritual direction?
- How do others perceive your abilities and qualities for this ministry?
- Describe your strengths, growth areas and places of struggle as they may affect you personally and in ministry.
- Where do you sense God working most powerfully in your life at present?
- What are your future hopes and aspirations for ministry?

**There is space below to complete your narrative, but you may also type it into a separate (Word) document. Please send a digital copy\* to us at: [direction@hcminternational.org](mailto:direction@hcminternational.org)**

*\*If you complete the narrative in the space below, it will be sent with the rest of this packet. If you complete it as a separate (Word) document, it will need to be sent separately (Please use the following format for the name: "Faith Narrative - Your Name").*









