

# FORM 14—Application for Pastor’s Alternative for Teacher Certification (PATC)

(A member of the Education and Leadership Ministries, National Council of Churches)  
As authorized by the Division of Christian Education Accreditation and Credentials  
of the Sunday School Publishing Board, National Baptist Convention, USA, Inc.  
**(Pastoral Experience Must Be at Least Five Years)**

Applicant must include verification of five years experience as a pastor, on church letterhead, signed by church clerk or secretary. A subscription application for the *Christian Education Informer* journal must accompany this form (additional fees required).

**Personal Information:** Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone: Home (\_\_\_\_) \_\_\_\_\_ Daytime (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

**Current Pastoral Experience:** Pastorate Date: Started: \_\_\_\_\_  
Month/Year \_\_\_\_\_  
Name of Church: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
\_\_\_\_\_  
District Association \_\_\_\_\_ State Convention \_\_\_\_\_ NBC, USA, Inc. Other (List \_\_\_\_\_)  
National Convention \_\_\_\_\_

**Previous Pastoral Experience:** Pastorate Dates: Started \_\_\_\_\_  
Month/Year \_\_\_\_\_ Ended \_\_\_\_\_  
Month/Year \_\_\_\_\_  
Name of Church \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Christian Education Experience**  
Have you attended any Christian Leadership Schools? Yes \_\_\_\_\_ No \_\_\_\_\_  
How did you become aware of the Pastor’s Alternative for Teacher Certification? \_\_\_\_\_

**Program Description**  
Fifteen-hour hybrid emphasis on:  
Introduction to the Certificate of Progress Program (COPP); Course 2023 “Creative Ways of Teaching,” along with a two-hour briefing on all remaining courses required for COPP.

I hereby apply for admission into the Pastor’s Alternative for Teacher Certification Program.  
Signed \_\_\_\_\_ Date \_\_\_\_\_  
Applicant’s Signature

**Complete this financial section:** Appropriate fees must accompany this form. *Do not send cash! Do not staple or tape checks!*

Fees included: Admissions \$ \_\_\_\_\_ Informer \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

Please list method of payment for this application. Make checks payable to: **The Division of Christian Education**

Check No. \_\_\_\_\_ Money Order No. \_\_\_\_\_ Cashier Check No. \_\_\_\_\_

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