

Personal Data Form

for LUTHERAN VISITATION EDUCATION

SECTION I. PERSONAL INFORMATION

Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Sex: ☐ Male ☐ Female Marital Status: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Agency/Institution where you currently serve: _____

Department/Division/P.O. Box No.: _____

Agency/Institution Address: _____

City: _____ State: _____ Zip: _____

Agency/Institution Phone: _____ Email: _____

Mailing Preference: ☐ Home ☐ Agency/Institution

Present Position Title: _____

Home Congregation: _____

Home Congregation Address: _____

City: _____ State: _____ Zip: _____

District in which you are a member: _____ District president: _____

District in which your ministry is located (if different than your home district): _____

District president with oversight of your ministry (if different than your home district president): _____

SECTION II. EMPLOYMENT & ROSTER DATA — PART A

Position Type(s) *(Please check those that best apply)*

- | | |
|---|--|
| <input type="checkbox"/> Department director/manager | <input type="checkbox"/> Director of education/training |
| <input type="checkbox"/> Staff pastoral counselor | <input type="checkbox"/> Intern/resident |
| <input type="checkbox"/> Corporate/administrative | <input type="checkbox"/> Congregational pastor |
| <input type="checkbox"/> Staff Chaplaincy Role | <input type="checkbox"/> Volunteer Specialized Care Worker |
| <input type="checkbox"/> Part-time Specialized Care Worker
(20 hours per week or less) | <input type="checkbox"/> Congregational deaconess |
| <input type="checkbox"/> Other: | |

Type of Agency/Institution and/or Program Where You Currently Serve *(Please check all that apply)*

- | | |
|---|---|
| <input type="checkbox"/> General medical hospital | <input type="checkbox"/> Community mental health center/program |
| <input type="checkbox"/> Psychiatric hospital/program | <input type="checkbox"/> Social service agency |
| <input type="checkbox"/> Pastoral counseling center/program | <input type="checkbox"/> Juvenile/youth/children's facility/program |
| <input type="checkbox"/> Geriatric or long-term care facility/program | <input type="checkbox"/> Facility for developmental disabilities |
| <input type="checkbox"/> Drug/alcohol treatment facility/program | <input type="checkbox"/> Business/industry |
| <input type="checkbox"/> Congregation | <input type="checkbox"/> Law enforcement agency |
| <input type="checkbox"/> Fire department | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Correctional facility | |



THE
LUTHERAN CHURCH
MISSOURI SYNOD

Specialized Spiritual Care Ministry

Affiliation of Agency/Institution *(Please check all that apply)*

Government: ☐ Federal ☐ State ☐ County ☐ City

Church association: ☐ LCMS ☐ Other church body (Please specify: _____)

Private: ☐ Non-profit ☐ For-profit ☐ Other (Please specify: _____)

ROSTER DATA — PART B *(Please complete as applicable)*

Year of ordination/commissioning: _____ Current district of roster: _____

Roster Status

☐ Active ☐ Inactive emeritus ☐ Inactive candidate

☐ Other (Please specify: _____)

Present Source of Call *(If applicable)*

☐ Synod ☐ Congregation ☐ District

☐ RSO ☐ Other

SECTION III. PROFESSIONAL DATA

Current Memberships/Certifications in Professional Specialized Care Organizations

American Association of Pastoral Counselors (AAPC)

☐ PCT (Year: _____)

☐ Clinical Pastoral Counselor (Year: _____)

☐ Fellow (Year: _____)

☐ Diplomate (Year: _____)

☐ Other: _____ (Year: _____)

Association for Clinical Pastoral Education (ACPE)

☐ Acting or Associate Supervisor (Year: _____)

☐ Certified Educator (Year: _____)

☐ Clinical Member (Year: _____)

☐ Certified Education Candidate (Year: _____)

Association of Professional Chaplains (APC)

☐ Board Certified (Year: _____)

☐ Associate (Year: _____)

☐ Affiliate (Year: _____)

American Correctional Chaplains Association (ACCA)

☐ Member (Year: _____)

☐ Certified (Year: _____)

American Association of Intellectual and Developmental Disabilities —
Religion and Spirituality Network

☐ Certified Member (Year: _____)

☐ Member (Year: _____)



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College of Pastoral Supervision and Psychotherapy (CPSP)

- ☐ Board-certified Associate Chaplain (Year:_____)
- ☐ Board-certified Chaplain (Year:_____)
- ☐ Pastoral Counselor (Year: _____)
- ☐ Diplomate (Year:_____)

American Association of Marriage and Family Therapy (AAMFT)

- ☐ Clinical Member (Year:_____)
- ☐ Supervising Member (Year: _____)
- ☐ Other: _____(Year: _____)

International Conference of Police Chaplains (ICPC)

- ☐ Member (Year: _____)
- ☐ Certified Member Level _____ (Year: _____)

Federation of Fire Chaplains (FFC)

- ☐ Member (Year: _____)
- ☐ Certified Member (Year: _____)

Other professional organizations: _____ (Year: _____)

Number of years of service in Specialized Care ministry: _____

Professional Positions Serving in Specialized Care Ministries

INSTITUTION/LOCATION	INSTITUTION TYPE	POSITION	DATES

Congregational Ministry Experience (i.e., positions/calls without professional Specialized Care focus)

CONGREGATION/LOCATION	POSITION	DATES

SECTION IV. SPECIALIZED CARE ENDORSEMENT STATUS

Please check one of the following:

- ☐ Previously endorsed through the LCMS (since 1988) Date:_____
- ☐ Unsure of endorsement status
- ☐ Other (Please specify: _____)

SECTION V. OTHER FILE DATA

College, Seminary, Graduate Study

School Attended/Location	Major	Years Attended	Year of Graduation	Degree

Clinical Pastoral Education

Center/Location	Type of Institution	Dates	No. & level of units (i.e. 1 Unit/ Level 1)	Educator(s)

Other Clinical Education/Training For Specialized Care Ministry (Lutheran Visitation Education, institutes, etc.)

Center/Location	Type	Dates	Outcome/Credit

Other Significant Professional Positions/Experience (Administration, education, etc.)

Institution/Location	Type	Position	Dates

Areas of Special Professional Expertise or Interest

Publications (List only most significant)