



**CHRISTIAN
PRISONER
MINISTRY**

36 Research Park Ct * Weldon Spring, MO 63304
636-229-7900 * cpm@upci.org

Application

For Paraprofessional Chaplain's License

REVISED 01/2020

NOTE:

This is a two page (or two-sided) form. Both pages must be completed in order for application to be processed. Other items which must be included are listed on second page (back side).

For Office Use Only
PLEASE DO NOT WRITE IN THIS SPACE

Personal Information:

Name:		
Address:		
City:	State:	Zip:
Email:	Phone:	
Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Preferred Contact Method:
Are you a licensed minister with the UPCI?: <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes: <input type="checkbox"/> Local <input type="checkbox"/> General <input type="checkbox"/> Ordained

Church Information:

Church Name:		
Pastor's Name:		How long have you been a member?
Address:		
City:	State:	Zip:
Phone:	Fax:	

More Personal Information:

Have you been baptized in water by immersion in the name of Jesus Christ for the remissions of sins according to Acts 2:38?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you believe that speaking with other tongues as the Spirit gives utterance is the initial sign of the baptism of the Holy Ghost, as according to Acts 2:4?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received this experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you believe in preaching and teaching this experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are presently active in prison ministry?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you fully understand that the Prison Chaplain License does not give you ministerial credentials with the UPCI, and that the license is valid only while ministering in the jails and prisons of your area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you presently a state-paid chaplain?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Give the name and address of the institution for which you desire Chaplain Credentials:

Institution: _____

Address: _____

City: _____

State: _____ Zip: _____

THE FOLLOWING IS A POLICY REQUIREMENT:

In order to have your application processed, you **MUST** have your pastor's signature below and he **MUST** have credentials with the UPCI. YES, credentials with the UPCI

Pastor's Signature: _____	Date: _____
Applicant's Signature: _____	Date: _____
Location of Training: _____	Date: _____

What To Send and Where To Send It:

Please submit the following:	To this address:
<ul style="list-style-type: none"> • This Paraprofessional Chaplain's Application Form. • The printed answers to the questions in the final chapter of the study guide. • A current photograph of yourself. • For a one-year license, please remit \$39 with this application. You may purchase a two-year license for \$69. This non-refundable fee for your License Fee needs to be made payable to Christian Prisoner Ministry. <p>NOTE: If application components are emailed, payment must be received prior to processing. Call-in payments accepted.</p>	CPM Department 36 Research Park Ct. Weldon Spring, MO 63304 OR cpm@upci.org
	<p>If you need to reach us quickly, please call, fax or e-mail us: Phone: (636) 229-7900</p> <p>cpm@upci.org</p>