

PTS/Application

Professional Transition Specialist (PTS) IMN Designation Application

PLEASE PRINT

Date: _____ () New () Reinstatement: (Previously held accredited status with IMN)

Name: _____

Address: _____

City, State and Zip Code: _____

Country: _____

Telephone: home/ _____ office/ _____

Cell phone: _____

E-mail: home/ _____ office/ _____

I Basic Education-Minimum 60 Contact Hours

I have completed the IMN Basic Education program within the past four years and I enclose a copy of my completion certificate.

Coordinators and Trainers _____

Location(s) _____

Dates _____

I have completed the IMN Basic Education program or its equivalent more than four years ago and/or I am applying for re-instatement. I agree that I may be required to complete an upgrade or refresher course before my application is approved.

Course Completed _____

Coordinators and Trainers _____

Location(s) _____

Dates _____

For IMN's consideration and accreditation, I am attaching transcripts and course descriptions of applicable coursework not offered through IMN. (Add Additional Pages for Course Listings as Necessary)

College or University _____

Course and Instructor _____

Dates _____

II Advanced Education-Minimum 30 Contact Hours

The Professional Transition Specialist requires 30 contact hours of education outside the completion of Basic Education. The work must be in relevant topics and completed within the 3 years prior to the date of application. IMN reserves the right to reject un-accredited academic courses. The Committee may require a test or written essay to evaluate the satisfactory achievement of advanced education. List your courses below or submit an educational resume of advanced education for consideration. Include independent verification of completion such as a certificate or transcript. Attendance at an IMN Annual Conference earns 16 contact hours of credit one time only.

1. Subject _____

Course Provider _____

Instructor _____

Location _____ Date completed ___/___/___

Number of Contact Hours _____

2. Subject _____

Course Provider _____

Instructor _____

Number of Contact Hours _____

Location _____ Date completed ___/___/___

3. Subject _____

Course Provider _____

Instructor _____

Location _____ Date completed ___/___/___

Number of Contact Hours _____

III Demonstrated Experience-Minimum 2 years transitional ministry

Candidates must establish independent verification of two years experience in transitional ministry or the equivalent. To establish experience, submit with this application all of the following items:

- () A copy of your professional resume or profile to document experience
- () A letter of good standing from your denominational administration that warrants your settled and interim experience and resume.
- () A letter from a qualified mentor verifying at least six hours of guidance during your first year of active transitional ministry
- () A notarized signed copy of the attached verification statement.
(See Warrant Attached)

IV Payment

- Application Fee \$100 Enclosed
- First Year Designation Fee \$50 Enclosed
- Agree to Pay Annually \$50 in addition to membership dues to maintain status-as billed with membership dues invoice

V Signature

Please consider this as my completed application.

Signature: _____ Date: _____

**Please mail completed application to:
Education and Membership Manager
Interim Ministry Network
5740 Executive Drive, Suite 220
Baltimore, MD 21228**