



SAN FRANCISCO
THEOLOGICAL SEMINARY
Whole Leaders for the Whole Church

Dr. R. Scott Sullender
Associate Professor of Pastoral Counseling
San Francisco Theological Seminary
105 Seminary Road, San Anselmo, CA 94960
Tel: 415.451.2867 ☎ Fax: 415.451.2857

ADVANCED PASTORAL STUDIES
Tel: 415.451.2865 ☎ Toll Free: 800.447.8820 ext 865 ☎ Fax: 415.256.9801

ssullender@sfts.edu ☎ www.sfts.edu

DOCTOR OF MINISTRY APPLICATION - PASTORAL CARE AND COUNSELING EMPHASIS

INSTRUCTIONS:

Please send these items with your application to the attention of Dr. R. Scott Sullender to the address listed at the top of this page.

- A. **Transcripts:** Please include official transcripts of your graduate and/or seminary studies, unless being sent directly from institution.
- B. **Evaluations:** Please include copies of supervisory evaluations of your clinical pastoral education and/or related training/counseling program.
- C. **Writing Sample:** Please include a short (not over five pages) typewritten sample of your writing about a book you have read in the field of pastoral care and counseling. Your writing is to demonstrate your critical reflection about your reading. It should also include reflection on pastoral implications of this reading for your ministry.
- D. **Autobiography:** Please write an autobiographical statement in which you include
 - A description of your family of origin and events which influence you and your career; and discuss significant social and/or cultural influences upon your life.
 - A description of your faith or spiritual journey, noting significant turning points in your theological perspective.
 - A description of how your history motivates you to move toward a pastoral counseling career.
 - A description of at least one incident in which you were asked to offer counseling help. Please include how the contact came about, what type of help was requested and offered, and an evaluation of your work.
- E. **Clinical Site:** Please describe your intended pastoral care or counseling work/ministry that you will use as your clinical experience if admitted to this program. What type of work, anticipated number of hours, supervision (if applying to the intensive option).
- F. **Code of Ethics:** Please write a brief statement indicating if you have any ethical or legal charges placed against you which might or could impede your practice of pastoral counseling.
- G. **Liability Insurance:** Please indicate if you have professional liability insurance, the amount of coverage, the name of the insurance company and the date of coverage.
- H. **Photograph:** Please include a recent photograph of yourself no larger than 2.5 x 3.5 inches. It need not be a formal portrait; a clear snapshot is fine.
- I. **Application Fee:** Please include a \$50 non-refundable application fee made payable to SFTS.

All application materials must be submitted in English and will become part of the Seminary's permanent record.

SFTS reserves the right to determine which classes are included in the program, and to deny admission to this or any other program. It is the policy of San Francisco Theological Seminary not to discriminate on the basis of sex, age, race, color, physical disability, sexual orientation/identity, and/or national and ethnic origin in its educational programs, student activities, employment or admission policies, in the administration of its scholarship and loan programs, or in any other school-administered programs. This policy complies with requirements of the Internal Revenue Service Procedure 321-1, Title VI of the Civil Rights Act, and Title IX of the 1972 Educational Amendments as amended and enforced by the Department of Health and Human Services.



DOCTOR OF MINISTRY APPLICATION - PASTORAL CARE AND COUNSELING EMPHASIS

ACADEMIC INFORMATION - PROFESSIONAL AND POST GRADUATE STUDY

Institution	Dates	Concentration
-------------	-------	---------------

Degree

CLINICAL EXPERIENCE - CLINICAL PASTORAL EDUCATION UNITS

Place	Dates	# of Units
-------	-------	------------

Supervisor	Dates	
------------	-------	--

Supervisor	Dates	
------------	-------	--

Place	Dates	# of Units
-------	-------	------------

Supervisor	Dates	
------------	-------	--

Supervisor	Dates	
------------	-------	--

If more space is needed, please use an additional page.

CLINICAL EXPERIENCE

Place/Setting/Nature of counseling and supervision

Supervisor	Dates
------------	-------

Supervisor's Degree and Professional Credentials

Supervisor	Dates
------------	-------

Supervisor's Degree and Professional Credentials

If more space is needed, please use an additional page.

PERSONAL COUNSELING

Length of time you received counseling	Counselor's Name
--	------------------

Type of counseling you engaged in



DOCTOR OF MINISTRY APPLICATION - PASTORAL CARE AND COUNSELING EMPHASIS

TEACHING EXPERIENCE

Institution(s)/Courses/Level/Dates/Emphasis

WORKSHOP/SEMINAR LEADERSHIP

Name of Workshop/Seminar/Audience/Location/Date/Emphasis

If more space is needed, please use an additional page.

SIGNIFICANT CLINICAL EXPERIENCE - PLEASE BE SPECIFIC

PRESENT EMPLOYMENT

Employer City State Country

Position Held Years Employed

PASTORAL SERVICE - LIST PASTORAL AND ECCLESIASTICAL EMPLOYMENT

Church or Agency City State Country

Position Held Years Employed

BUSINESS/PROFESSIONAL EXPERIENCE - JOBS HELD LONGER THAN ONE YEAR

Organization City State Country

Position Held Years Employed

Brief Description

If more space is needed, please use an additional page.



DOCTOR OF MINISTRY APPLICATION - PASTORAL CARE AND COUNSELING EMPHASIS

REFERENCES

Representative of local church/agency/governing board or its equivalent

Address

City

State/Zip

Country

Official of denomination or regional agency, or its equivalent

Address

City

State/Zip

Country

Lay person close to your work

Address

City

State/Zip

Country

Lay person close to your work

Address

City

State/Zip

Country

Clergy acquainted with your work

Address

City

State/Zip

Country

Clergy acquainted with your work

Address

City

State/Zip

Country

I hereby apply to be admitted as a student in the Doctor of Ministry: Pastoral Care and Counseling Emphasis Program of San Francisco Theological Seminary.

Signature

Date



SAN FRANCISCO
THEOLOGICAL SEMINARY
Whole Leaders for the Whole Church

Dr. R. Scott Sullender
Associate Professor of Pastoral Counseling
San Francisco Theological Seminary
105 Seminary Road, San Anselmo, CA 94960
Tel: 415.451.2867 ☎ Fax: 415.451.2857

ADVANCED PASTORAL STUDIES
Tel: 415.451.2865 ☎ Toll Free: 800.447.8820 ext 865 ☎ Fax: 415.256.9801

ssullender@sfts.edu ☎ www.sfts.edu

DOCTOR OF MINISTRY APPLICATION - PASTORAL CARE AND COUNSELING EMPHASIS

APPLICANT

REFERENCE

Name

Name

Address

City/State/Zip

Address

City/State/Zip

The Doctor of Ministry program is a part-time in-service program designed to develop high competence in critical scholarship as related to the practice of ministry. Please complete this reference form and return it to Dr. R. Scott Sullender to the address at the top of this page, at your earliest convenience. Typing your answers will be appreciated; attach additional sheets if necessary to complete all answers. *It helps if you recognize as we do, that a wholly positive report is not apt to be balanced, complete or useful.*

- I. How long and in what capacity have you known the applicant?
- II. Describe a critical event that illustrates the candidate's effectiveness in ministry in one of the following areas: Human relationships, intellectual strength, community service, prophetic insight, group leadership.
- III. How would you describe the candidate's skills in critical reflection, presenting ideas clearly, and dealing with diverse ideas from her/his own in a pastoral manner? What are the candidate's more outstanding pastoral skills?
- IV. What areas of learning and growth would be particularly helpful for the applicant in his/her ministry?
- V. What factors in the life of the candidate might prevent him/her from completing the D.Min. program?
- VI. Please provide other important data about the candidate you wish the committee to know and evaluate.

Reference's Signature

Date

I understand that this recommendation will be used only for admission purposes, and I hereby waive my right of access to this recommendation.
NOTE: If this waiver is not signed by the applicant, she/he has the right to read this recommendation.

Applicant's Signature

Date