

**LICENTIATE MINISTER CERTIFICATION APPLICATION**

**The National Spiritual Alliance of the U.S.A., Inc.**

*Applicant Name*

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*Resident Address*

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*Mailing Address*

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*City, State, Zip*

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*Phone, E-mail*

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*Web-site URL*

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*Church Affiliation*

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*Church City, State*

*Membership Yrs.*

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*Former Church Aff.*

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*Fmr. Church City, St.*

*Membership Yrs.*

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PLEASE STATE YOUR REASONS FOR WANTING TO BECOME A LICENTIATE MINISTER (Use additional pages if necessary)

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ARE YOU CURRENTLY A TNSA CERTIFIED HEALER? (Y/N) \_\_\_\_\_ IF YES, HOW LONG? \_\_\_\_\_

ARE YOU CURRENTLY A TNSA CERTIFIED MEDIUM? (Y/N) \_\_\_\_\_ IF YES, HOW LONG? \_\_\_\_\_

STATE DEGREES OF EDUCATION INCLUDING NAMES OF SCHOOLS, COLLEGES, UNIVERSITIES AND DEGREES EARNED.

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LIST ALL COURSES TAKEN WITH REGARD TO SPIRITUALISM, INCLUDING MEDIUMSHIP, SPIRITUAL HEALING, OTHER HEALING MODALITIES. ATTACH COPIES OF CERTIFICATES IF APPLICABLE. (Use additional sheets if necessary)

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DO YOU UNDERSTAND AND ASCRIBE TO THE TNSA SPIRITUAL CODE OF EITHICS? Y/N \_\_\_\_\_

DO YOU FULLY ACCEPT THE TNSA DECLARATION OF PRINCIPLES? Y/N \_\_\_\_\_

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IN YOUR OWN WORDS, USING ADDITIONAL SHEETS IF NECESSARY, CHRONOLOGICALLY DESCRIBE YOUR JOURNEY INTO SPIRITUALISM. LIST YOUR EXPERIENCES WITH OTHER DENOMINATIONS THAT HAVE BROUGHT YOU TO THIS POINT.

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IN YOUR OWN WORDS, DESCRIBE WHAT A MINISTER IS, AND WHAT YOUR FUTURE PLANS ARE ONCE YOU ARE FULLY ORDAINED. USE ADDITIONAL SHEETS IF NECESSARY.

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HAVE YOU EVER BEEN CONVICTED OF A FELONY? (Y/N) \_\_\_\_\_ PLEASE DESCRIBE: \_\_\_\_\_

*(Misrepresentation of any information in this question is grounds for denial or revocation of certificates.)*

### APPLICANT AFFIRMATION

Trusting you will find me qualified to perform the duties of a Licentiate Minister in accordance with the standards of The National Spiritual Alliance (TNSA), I hereby pledge to be true and faithful to my duty in the capacity of Licentiate Minister and to labor faithfully in the interest and purposes of TNSA.

PRINTED NAME

SIGNATURE

DATE SIGNED

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REVIEWED BY THE TNSA BOARD OF DIRECTORS ON \_\_\_\_\_ APPROVED (Y/N) \_\_\_\_\_

SIGNATURE OF TNSA RECORDING SECRETARY \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT SHOULD COMPLETE ALL REQUIREMENTS FOR FULL ORDINATION BY \_\_\_\_\_