

# NEW YORK THEOLOGICAL SEMINARY

...continuing the Biblical Seminary in New York

## THE · CERTIFICATE · PROGRAM · IN · CHRISTIAN · MINISTRY

Lucy Cano, Director

Thank you for your interest in the **CERTIFICATE PROGRAM IN CHRISTIAN MINISTRY**. Please fill out the enclosed application form and return it by mail to the **Certificate Program Registrar's** office. When we have received your completed admissions packet, you will receive information on how to register for classes.

### ADMISSION REQUIREMENTS

\_\_\_ **Application Form** (completed and signed)

\_\_\_ **Passport Size Photograph**

\_\_\_ **Proof of Immunization** against Measles, Mumps, Rubella (*2 doses; if born ON or AFTER Jan. 1, 1957*)

### PROGRAM COSTS

#### TUITION

**Per Class:** (12 sessions)

**\$350.00**

Old Testament  
Biblical Exegesis  
New Testament  
Introduction to Theology  
Church History  
Christian Education

(6 sessions)

**\$175.00**

Pastoral care  
Preaching  
Christian Ethics  
World Christianity

#### FEES:

Late Registration Fee

**\$ 75**

Returned Check fee:

**\$ 40**

Graduation Fee (2<sup>nd</sup> year only)

**\$200**

Tuition and fee payments are accepted in cash, checks and money orders made payable to New York Theological Seminary, and credit cards: **VISA/ MASTER CARD/ AMEX**.

### IMPORTANT NOTES

- **FULL TUITION** is due at registration each semester, **before** classes begin.
- New students can register by the last week of September for fall semester classes and the 2<sup>nd</sup> week of February for spring semester classes
- All students will receive registration information from the Registrar's office
- Late Registration is by **APPOINTMENT ONLY** and is **NOT PERMITTED** after the **SECOND WEEK OF CLASS**
- Graduation fees are charged regardless of attendance at commencement exercises.
- Tuition is refunded **on a conditional basis:**
  - Official withdrawal must be in writing to the office of the Registrar. a) Student will receive a 100% tuition refund if withdrawal occurs before classes begin and b) 50% if withdrawal occurs **NO LATER** than the 2<sup>th</sup> class week of the semester. **NO REFUND** is issued if withdrawal occurs after the 2<sup>nd</sup> class week of the semester.

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475 Riverside Drive, Suite 500

New York, New York 10115

Tel: 212-870-1211

Fax: 212-870-1236

[www.nyts.edu](http://www.nyts.edu)

### THE PROGRAM

The Certificate Program in Christian Ministry provides an introduction to theological disciplines for laity, as well as ordained or lay ministers, and other concerned Christians who are currently involved or interested in ministry. This is a unique and dynamic learning experience because of the rich diversity of participants in the program. Our students are Christians, young and old, from all walks of life and different denominations. Some have had limited educational opportunities, while others have college or advanced degrees. Classes are offered in English. Spanish and French classes are offered at certain sites.

The program is designed for those who want to be more effective in their ministries. It also offers excellent preparatory experiences for men and women who are uncertain about their ministerial goals. The two-year course of study is divided into four semesters. Attendance is required to an overnight retreat in the spring, annually. **It is possible** to obtain transfer credits upon completion of the Certificate Program by enrolling in certain colleges with which New York Theological Seminary has made specific arrangements. Other colleges and universities may also give credit for this program. Classes are currently offered at a number of sites, listed below. We also offer the complete program On-Line in English and Spanish (download the forms from [www.nyts.edu](http://www.nyts.edu)).

### PROGRAM GOALS

- To provide opportunities for ministers and church workers to grow in understanding of the Christian faith, with particular emphasis on the Bible.
- To assist students in examining and exploring new ways of sharing their faith.
- To provide training in the basic skills needed for urban ministry.

### CURRICULUM

FIRST YEAR	Fall Semester	Old Testament Biblical Exegesis
FIRST YEAR	Spring Semester	New Testament Theology
SECOND YEAR	Fall Semester	Christian Education Church History
SECOND YEAR	Spring Semester	Pastoral Care Preaching Christian Ethics World Christianity

### CERTIFICATE PROGRAM SITES:

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Please call the Certificate Program office at 212.870.1232 for an updated listing of sites.

Bronx, NY	Thu 6:30-9:30pm Saturday 9-12 pm	Westchester UMC	2547 E. Tremont Ave. Bronx, NY 10461 - 718-931-8760
Brooklyn I, NY	Sat. 9am-4pm <i>French only</i>	Ebenezer Baptist Church	1650 Bedford Avenue Brooklyn, NY 11225 - 212-870-1232
Brooklyn II, NY	Wed 6:15pm-9: 30pm	Berean Baptist Church	1635 Bergen Street Brooklyn, NY 11213 - 718-774-0466
Brooklyn III, NY	Tue & Thu 6:15pm-9: 30pm	Christ Apostolic Church	622 Cortelyou Road Brooklyn, NY 11218 - 718-284-7479
Coram, NY <b>NEW</b>	Fri 6:15pm- 9:30pm Sat. 9am – 12 pm	Faith Baptist Church	10 Teller Ave, Coram, NY, 11727 Tel. 631-732-1133
Flushing, NY	Sat 1pm – 7pm <i>Spanish only</i>	Iglesia Evangélica Presbiteriana de Flushing	52-18 Bowne Street Flushing, NY 11355 - 718-463-1268
Hackensack NJ <i>Spanish (NEW)</i>	Saturdays from 9am – 4pm	Calvary Baptist Church	106 Central Ave, Hackensack, NJ 551-206-7825 - 201—281-3466
Hackensack, NJ	Sat 9am-12 noon Mon 6:15pm-9: 30pm	New Hope Baptist Church of Hackensack	First Street and Berdan Place Hackensack, NJ 07601 - 201-343-9449
Manhattan, NY	Sat 9am-4pm <i>English and Spanish</i>	The Riverside Church of New York	91 Claremont Avenue and West 120 <sup>th</sup> Street New York, NY - 212-870-1232
Newark, NJ	Tue & Thu 6pm-9pm	Paradise Baptist Church	348-352 15 <sup>th</sup> Avenue, Newark, NJ 07103 973-624-6614
New Rochelle, NY <b>(NEW)</b>	Saturdays from 9am-4pm	Bethesda Baptist Church	71 Lincoln Avenue, New Rochelle 914-632-6713
Online	Online	Online	Online – 212-870-1232
Passaic, NJ <b>NEW</b>	Sat 9am – 4pm	Mt. Moriah Baptist Church	9-11 Tulip Street, Passaic, NJ 973-876-1115
Springfield Gardens, NY	Tue & Thu 6:15pm-9: 30pm	Springfield Gardens UMC	131-29 Farmers Boulevard Springfield Gardens, NY 11434 718-528-7267
Staten Island, NY <b>RE-OPENING</b>	Tue & Thu 6pm-9pm	St. Phillips Baptist Church	77 Bennett Street, Staten Island, NY 718-720-8141
White Plains, NY	Sat. 9am – 4pm	Mount Hope AME Zion	65 Lake Street, White Plains, NY 914-948-6372

**NYTS also offers Master of Divinity, Master of Pastoral Care, Master of Religious Studies and Doctor in Ministry degrees. Call Dr. Cynthia Diaz, Dir. Of Vocational Discernment for more information**

475 Riverside Drive, Suite 500  
New York, New York 10115  
Tel: 212-870-1211  
Fax: 212-870-1236  
[www.nyts.edu](http://www.nyts.edu)

## FREQUENTLY ASKED QUESTIONS

**1. Q: How long does the program take to complete?**

A: Two years divided in four semesters.

**2. Q: How much is tuition?**

1. Tuition is \$350.00 per class for a 12-session class (i.e. Old Testament, New Testament, Exegesis, Writing Skills, Theology, Christian Education & Church History)

2. Tuition is \$175.00 per class for a 6-session class: (i.e. Pastoral Care, Preaching, Ethics, and World Christianity)

**3. Q: What other fees are charged for the program?**

A: 1. \$200 Graduation Fee (charged regardless of attendance at graduation ceremony)

2. \$75 Late Registration Fee

3. \$40 Returned check fee

**4. Q: Do I need a High School Diploma or G.E.D. to enter the program?**

A: No; however, should you wish to continue your education and obtain a college degree, you should work on obtaining your diploma or G.E.D.

**5. Q: Can I obtain college credits for this program?**

A: Yes; though the Certificate Program is a non-degree program, many accredited colleges and universities may award you credit, usually through a Life-Experience portfolio or other adult learning program administered through the college. It is the sole decision of the college or university how many credits they may offer for the program. Please contact the Certificate Program for more information.

**6. Q: Can I obtain transfer credits into the Certificate Program for work done at Bible Institutes?**

A: No.

**7. Q: Can I obtain transfer credits from the Certificate Program into the Master's Program?**

A: \*Yes! If you complete the two-year Certificate Program you may obtain 9 credits if you enroll in the Master's program. If you complete 1 year of the Certificate Program you may obtain 4 credits. \*(if you have a Bachelor's degree)

**8. Q: How qualified are the Certificate Program professors?**

A: All professors possess at least a Master of Divinity degree from an accredited Seminary, or higher.

**9. Q: What are the requirements for admission?**

A: 1. Fill out and sign an application form.

2. Provide a passport size photograph.

3. If you were born on or after January 1, 1957, you must provide proof of immunization for:

*Measles (2 doses), Mumps (1 dose) and Rubella (1 dose).*

**10. Q: Can I complete the whole program On-Line?**

A: Yes!

**11. Q: Where are the classes held?**

A: Presently there are 14 sites where you may register and take classes, as well as the On-Line program. For a complete listing and addresses of where you may take classes, please check our website or call the Certificate Program.

**12. Q: Is the Program offered in any other language?**

A: Yes; Spanish and French at certain sites. Please contact the Certificate Program for information.

For more information call the Certificate Program office at 212.870.1232 or visit our website at [www.nyts.edu](http://www.nyts.edu)

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### APPLICATION FOR ADMISSION

**SITE:** (Please check off the site where you plan to attend classes)

**New York:** Brooklyn I (French only) \_\_\_\_\_ Brooklyn II \_\_\_\_\_ Brooklyn III \_\_\_\_\_ Bronx \_\_\_\_\_ Coram \_\_\_\_\_  
Flushing (Spa) \_\_\_\_\_ Manhattan \_\_\_\_\_ New Rochelle \_\_\_\_\_ Springfield Gardens \_\_\_\_\_ White Plains \_\_\_\_\_  
**New Jersey:** Hackensack (Eng.) \_\_\_\_\_ Hackensack (Spa) \_\_\_\_\_ Newark \_\_\_\_\_ Passaic \_\_\_\_\_  
On-Line \_\_\_\_\_ Other \_\_\_\_\_

**NAME:**

**LAST** \_\_\_\_\_ **FIRST** \_\_\_\_\_ **MIDDLE** \_\_\_\_\_  
**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Gender: M: \_\_\_\_\_ F: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Tel: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Mobile: \_\_\_\_\_ FAX: \_\_\_\_\_

E-mail **required\***: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Please affix  
Passport Size  
Photo here

**Ethnic Group Required\*** Please check the one that applies.  Black  Non Hispanic  Native American Indian  Asian  
 Pacific Islander  Hispanic  White/European  Other

**IN AN EMERGENCY:** Please name someone we may contact, other than your spouse.

Name	Relationship	Phone
Church Affiliation ( <b>Denomination</b> )		

Church Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel: \_\_\_\_\_ Pastor: \_\_\_\_\_ Tel: \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US?** Newspaper \_\_\_\_\_ Website \_\_\_\_\_ Radio Station \_\_\_\_\_ Church \_\_\_\_\_  
Friend \_\_\_\_\_ Open House \_\_\_\_\_ Office of Vocational Discernment \_\_\_\_\_ Other \_\_\_\_\_ Please Specify: \_\_\_\_\_

*"By signing below I hereby witness that the information I have provided above is accurate and not misleading. I understand my commitment to the Certificate Program in Christian Ministry of New York Theological Seminary, and agree to meet ALL requirements as stated."*

**STUDENT'S SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

#### BELOW FOR REGISTRAR'S USE ONLY

Date received: \_\_\_\_\_

Registrar's Signature \_\_\_\_\_

**STUDENT VERIFICATION REGARDING HEALTH INSURANCE COVERAGE**

As part of your enrollment and registration at New York Theological Seminary, we are required by state and federal law to confirm that you have health insurance coverage. Therefore, please complete this form and send it with the application package. Thank you for your prompt cooperation. *(On-line students are exempt from this requirement)*

Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_ **YES, I DO HAVE CURRENT HEALTH INSURANCE COVERAGE**, from the following provider:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

**Period of Coverage: From** \_\_\_\_\_ **to:** \_\_\_\_\_

**Policy #:** \_\_\_\_\_

\_\_\_\_\_ **NO, I DO NOT HAVE CURRENT HEALTH INSURANCE COVERAGE.**

I understand that I am required to have such coverage while enrolled at New York Theological Seminary. Therefore, I have applied for coverage from (please check one, and will notify NYTS as soon as I obtain coverage.

\_\_\_\_\_ New York State Family Health Plan ([www.health.state.ny.us](http://www.health.state.ny.us))

\_\_\_\_\_ Voluntary International Student Scholar Medical Insurance ([www.studentresources.com](http://www.studentresources.com))

\_\_\_\_\_ Other, (please specify below)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(Further information may be obtained from the websites above and /or in the Registrar's Office of the Seminary.)

I certify that the information I have provided above is accurate, and understand that my enrollment at New York Theological Seminary may be jeopardized by inaccurate or misleading information.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**ATTENTION**

**SEMINARY AND  
SEMINARY-BOUND  
STUDENTS**

**N**ew York State law requires college students to be immunized against measles mumps and rubella. The law applies to all students born on or after January 1, 1957.

**F**ull-time first and second year students will have to show proof of immunity beginning with the 1990 fall semester. Beginning in the fall 1991, the law will apply to all undergraduate and graduate students.

**P**roof of immunity consists of:

**Measles** – two doses of live measles vaccine administered after 12 months of age, physician documentation of measles or a blood test showing immunity.

**Mumps**—one dose of live mumps vaccine administered after 12 months of age, physician documentation of mumps disease or a blood test showing immunity.

**Rubella** –one dose of live rubella vaccine administered after 12 months of age or a blood test showing immunity.

**C**heck your immunization record with your health care provider or high school to be certain you meet these requirements. For more information, contact your college or local health department. Or call the state of New York City Immunization programs listed below:

Albany	(518) 473-4437
Buffalo	(716) 847-4502
New Rochelle	(914) 632-4133
Rochester	(716) 423-8094
Syracuse	(315) 426-7633
New York City	
Hotline	(212)426-2664

**F**or more information on Immunizations, write for a free copy of Immunizations...Not just Kids' Stuff #2311 to:

Publications  
New York State Department of Health  
Empire State Plaza  
Albany, NY 12337-0001

**NEW YORK THEOLOGICAL SEMINARY STUDENT IMMUNIZATION RECORD FORM**

Name \_\_\_\_\_ Student ID Number \_\_\_\_\_  
Last First Middle Number on bottom of ID card

Home Address \_\_\_\_\_  
Number & Street Apt # City State Zip

\*\*\*\*\*  
New York State Public Health Law 2165 requires post-secondary students to show protection against measles, mumps and rubella. Persons born **prior to January 1, 1957 are exempt** from this requirement. An MMR vaccine is recommended for all measles vaccine doses to provide increased protection against all three vaccine-preventable diseases: measles, mumps and rubella.

**PLEASE NOTE:**

**A LEGIBLE copy of an immunization record from a previous school attended (college, university) or a childhood immunization record will be acceptable proof of immunization if it clearly contains the required information.**

**REQUIRED: Measles (Rubeola) Immunity** – Must have **ONE** of the following:

- A. **TWO** dates of measles Immunization: (1) \_\_\_\_\_ (2) \_\_\_\_\_  
Both dates must be given after 1967; the first immunization after the first birthday and the second on or after 15 months of age.
- B. Date of Measles Titer \_\_\_\_\_ Results: \_\_\_\_\_
- C. Date of physician diagnosed measles disease \_\_\_\_\_  
Signature of diagnosing physician \_\_\_\_\_

**REQUIRED: Rubella (German Measles) Immunity** – Must have **ONE** of the following:

- A. Date of at least one rubella immunization: (1) \_\_\_\_\_ (2) \_\_\_\_\_  
(Must be on or after the first birthday)
- B. Date of Rubella Titer \_\_\_\_\_ Results: \_\_\_\_\_  
Physician diagnosis **is not acceptable**

**REQUIRED: Mumps Immunity** – Must have **ONE** of following:

- A. Date of at least one mumps immunization: (1) \_\_\_\_\_ (2) \_\_\_\_\_  
(Must be on or after the first birthday)
- B. Date of Mumps Titer \_\_\_\_\_ Results: \_\_\_\_\_
- C. Date of physician diagnosed mumps disease \_\_\_\_\_

Signature of diagnosing physician \_\_\_\_\_

Name of Health Practitioner: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Print

