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 (2nd 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 2nd week of February for spring semester classes
- All students will receive registration information from the Registrar’s office
THE CERTIFICATE PROGRAM IN CHRISTIAN MINISTRY

Lucy Cano, Director

- 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 2th class week of the semester. NO REFUND is issued if withdrawal occurs after the 2nd class week of the semester.

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).

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

<table>
<thead>
<tr>
<th>Fall Semester</th>
<th>Old Testament</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biblical Exegesis</td>
<td></td>
</tr>
</tbody>
</table>
**THE CERTIFICATE PROGRAM IN CHRISTIAN MINISTRY**

Lucy Cano, Director

**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

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**CERTIFICATE PROGRAM SITES:**

Please call the Certificate Program office at 212-870-1232 for an updated listing of sites.

<table>
<thead>
<tr>
<th>Site</th>
<th>Time</th>
<th>Location</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bronx, NY</td>
<td>Thu 6:30-9:30pm, Sat 9-12 pm</td>
<td>Harvest Fields Community Church</td>
<td>2526E. Tremont Ave, Bronx, NY 10461 - 718-823-8950</td>
</tr>
<tr>
<td>Brooklyn I, NY</td>
<td>Sat 9am-4pm, <strong>French only</strong></td>
<td>Ebenezer Baptist Church</td>
<td>1058-60 Bedford Ave, Brooklyn, NY 11225 - 212-870-1232</td>
</tr>
<tr>
<td>Brooklyn II, NY</td>
<td>Wed 6:15pm-9:30pm</td>
<td>Berean Baptist Church</td>
<td>1635 Bergen Street, Brooklyn, NY 11213 - 718-774-0466</td>
</tr>
<tr>
<td>Brooklyn III, NY</td>
<td>Tue &amp; Thu 6:15pm-9:30pm</td>
<td>Christ Apostolic Church</td>
<td>622 Cortelyou Road, Brooklyn, NY 11218 - 718-284-7479</td>
</tr>
<tr>
<td>Coram, NY</td>
<td>Fri 6:15pm-9:30pm, Sat 9am-12 pm</td>
<td>Faith Baptist Church</td>
<td>10 Teller Ave, Coram, NY 11727 Tel. 631-732-1133</td>
</tr>
<tr>
<td>Flushing, NY</td>
<td>Sat 1pm-7pm, <strong>Spanish only</strong></td>
<td>Iglesia Evangélica Presbiteriana de Flushing</td>
<td>52-18 Bowne Street, Flushing, NY 11355 - 718-463-1268</td>
</tr>
<tr>
<td>Hackensack, NJ</td>
<td>Saturdays from 9am-4pm, <strong>Spanish</strong></td>
<td>Calvary Baptist Church</td>
<td>106 Central Ave, Hackensack, NJ 551-206-7825 - 201—281-3466</td>
</tr>
</tbody>
</table>
| 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-
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

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

APPLICATION FOR ADMISSION

<table>
<thead>
<tr>
<th>SITE: (Please check off the site where you plan to attend classes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>New York: Brooklyn I (French only) _____ Brooklyn II _____ Brooklyn III _____ Bronx _____ Coram _____ Flushing (Spa) _____ Manhattan _____ New Rochelle _____ Springfield Gardens _____ White Plains _____</td>
</tr>
<tr>
<td>New Jersey: Hackensack (Eng.) _____ Hackensack (Spa) _____ Newark _____ Passaic _____ On-Line _____ Other ___________________________</td>
</tr>
</tbody>
</table>
NAME: ___________________________________________ ________________________

LAST     FIRST

MIDDLE

Social Security Number: ___________ - _______ - ___________ Date of Birth: __________

F: ______  ______  ______

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: _________________________________

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 (Denomination) _____________________________________________________________________

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:

________________________________________________________________________

475 Riverside Drive, Suite 500
New York, New York 10115
Tel: 212-870-1211
Fax: 212-870-1236
www.nyts.edu
“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)
_____ Voluntary International Student Scholar Medical Insurance (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

New 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.

Proof 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.

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.
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.

Check 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

For 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: ______/_____/______

Health Practitioner’s Seal or Stamp