ORTHODOX CHURCH IN AMERICA Request for Endorsement: Office of Institutional Chaplains

Name			
Mailing Add	dress		
		Telephone	
		ined? P D Date	
Present posit	tion if serving as a chaplain, and length of stay	:	
Name of per	rson you will/do report to:	Title:	
Address:			
Education: College	(72 Credit Theological Degree is norm)	Degree and Date	
Seminary		_	
Graduate Stu	udy	_	
Clinical Pas	storal Education: (4 units, 1600 hours is nor	m)	
Dates	Center	Supervisor	
References			
	t and/or diocesan bishop (clergy references slave in institutional ministry.)	nould normally include blessing from diocesan	
Name	Address	Tel:	
Name	Address	Tel:	
training. Y		g center(s), or letter from supervisor confirming and supervisor's evaluation – to be handled	
Name	Address	Tel:	
Other: Nam	e Address	Tel:	

Include in request: autobiography (as completed for CPE with any alterations you may want to make) vocational history, and current resume. Please also include a statement of your vocational aspirations at this time and your reason for requesting endorsement: certification, position, etc.

<u>Please mail completed request to</u>: Rev. Steven Voytovich 170 Bunker Hill Road, Guilford, CT 06437. 203.605.7894 <u>voyts90@gmail.com</u> Your materials will be reviewed, and endorsement issued from the Office of the Metropolitan. As endorsement includes place of ministry, if you are currently interviewing, a letter can be sent to you stating intent to endorse upon employment. (Updated 08/22)