## ORTHODOX CHURCH IN AMERICA

## **Request for Endorsement: Office of Institutional Chaplains**

Name					
Mailing Add	ress				
		Telephone			
		Ordained? P D Date			
Present posit	tion if serving as a chaplain, and length of	stay:			
Name of pers	son you will/do report to:	Title:			
Address:					
<b>Education:</b> College	(72 Credit Theological Degree is nor	m) Degree and Date			
Seminary					
Graduate Stu	ndy				
Clinical Pas	toral Education: (4 units, 1600 hours is	norm)			
Dates	Center	Supervisor			
References					
-	and/or diocesan bishop (clergy reference eve in institutional ministry.)	es should normally include blessing from di	ocesar		
Name	Address	Tel:			
Name	Address	Tel:			
training. Y		uining center(s), or letter from supervisor confurs and supervisor's evaluation – to be h	_		
Name	Address	Tel:			
Other: Name	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. 203.453.4405 <u>voytsc@earthlink.net</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 07/15)